

KIND CARE ANIMAL HOSPITAL

3357 Hwy 9 East
Little River, SC 29566
(843) 399-5803

NEW CLIENT INFORMATION

LAST NAME _____ FIRST _____ SPOUSE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ CELL _____ WORK _____
EMPLOYER _____ E-MAIL _____
REFERRAL _____
Preferred method of contact Text _____ Phone _____ E-mail _____

PET INFORMATION

NAME _____ SEX _____ SPAYED/NEUTERED (CIRCLE ONE)
BIRTHDAY _____ AGE _____ SPECIES: DOG _____ CAT _____
BREED _____ COLOR _____
ALLERGIES _____ MEDICATIONS _____

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At Kind Care Animal Hospital it is our goal to provide top of the line veterinary care. We strive to do so with both compassion and caring for you and your pet.

Veterinary care is to be paid for at the time services are rendered. We accept cash, checks, Visa, Mastercard and Discover.

I give Kind Care Animal Hospital permission to photograph my pet(s) in their facility for advertising, social media, and in-house use.

Previous veterinarian _____
City/State _____ Telephone _____

Signature of owner/legal representative _____ Date _____