



Ken-Ton Animal Clinic
903 Brighton Road, Tonawanda, New York 14150
Phone: 716-834-1636
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kentonac@icloud.com
www.kentonac.com

New Client Form

Owners Last Name: _____ First Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

HOW WOULD YOU LIKE TO RECEIVE REMINDERS? DELIVERED MAIL or EMAIL (circle one)

email address: _____

Pet's Name: _____

Pet 2 Name: _____

Age or Birth Date: _____

Age or Birth Date _____

Dog or Cat Male or Female Neutered or Spayed

Dog or Cat Male or Female Neutered or Spayed

Breed: _____

Breed _____

Vaccination History date of last if known:

Vaccination History Date of last if known:

Rabies _____

Rabies _____

Distemper _____

Distemper _____

Payment is due when services are rendered by Cash, Check or Credit Card.

How will you be paying today?

(circle one) CASH CHECK (ID REQUIRED) CREDIT CARD

If any balances are unpaid for 60 days, they will be sent to a collection agency. You will be responsible for the unpaid balance and any collection fees involved in remedying the situation.

Any returned checks will be charged a \$25.00 service fee. By signing below, I understand that balances are due in full on the day of service and agree to the above stipulations.

SIGNATURE: _____ Date: _____

Social Media Policy: (Optional) Ken-Ton Animal Clinic utilizes social media marketing as a business tool, an educational resource for pet owners, and as an enjoyable way to share our patients' pictures. By signing this disclaimer, I allow you to take photographs and utilize these photos on social media sites such as Facebook, Instagram and kentonac.com.

SIGNATURE: _____ Date: _____

