



Ken-Ton Animal Clinic  
903 Brighton Road, Tonawanda, New York 14150  
Phone: 716-834-1636  
Fax: 716-833-4352  
kentonac@icloud.com  
www.kentonac.com

New Client Form

Owners Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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HOW WOULD YOU LIKE TO RECEIVE REMINDERS? DELIVERED MAIL or EMAIL (circle one)  
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email address: \_\_\_\_\_

\*If you would like to make appointments online, an e-mail address is required

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 \_\_\_\_\_

Are there any prior records for your pet(s)? (circle one) YES / NO

Do you need to request them from another clinic? (circle one)

NO, I BROUGHT THEM / YES, I NEED TO REQUEST THEM

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: \_\_\_\_\_