

2026

Claremont Veterinary Clinic  
2007 Claremont Ave  
Ashland OH 44805  
419-289-0009

Please Check one of the following: \_\_\_ *New Client* \_\_\_ *Current Client/New Patient*

Owner Name: \_\_\_\_\_

                    Last Name                    First Name                    Spouse Name

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

                    Street Address                    City                    State                    Zip

Primary Phone# \_\_\_\_\_ Secondary Phone# \_\_\_\_\_

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

Emergency Contact Name : \_\_\_\_\_ Phone#: \_\_\_\_\_

Pet #1  
Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male or Female (circle one)

Spayed or Neutered (circle one)

Dog or Cat (circle one)

Pet #2  
Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male or Female (circle one)

Spayed or Neutered (circle one)

Dog or Cat (circle one)

\*\*\*\*\* MUST READ \*\*\*\*\*

***ALL PAYMENTS ARE DUE AT THE TIME OF SERVICES RENDERED***

I understand the amount is due and payable at the time that services are rendered. We accept cash, all major credit cards, & care credit (which can be approved in as little as 10 minutes). I have read and understand the above statement and agree to all terms. Feel free to discuss your pet's treatment program and its cost with the doctor at any time. If Claremont Veterinary Clinic , should require outside agents to collect any default amounts, all reasonable collections, finance charges, attorney fees and court cost will be my/our responsibilities as well all principal cost due.

***Form of Payment for Today(PLEASE CIRCLE ONE):***

CASH, CREDIT/DEBIT CARD, CARE CREDIT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_