



Cleveland Park East Animal Hospital
815 NE Main Street
Simpsonville, SC 29681
(864) 963-8025 ~ (864) 963-1754
www.clevelandparkeast.com



New Client Information Sheet

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Place of Employment: _____

****Driver's License and Social Security Number will be needed if paying by check.****

Spouse Name: _____

Work Phone: _____ Cell Phone: _____

Place of Employment: _____

We accept Cash, Checks, Visa, MasterCard, American Express, Discover, and Care Credit.

Would you like to know how to receive 0% interest for up to 6 months with Care Credit? YES NO

Would you like to know more about pet insurance? YES NO

How did you hear about us? _____

If a friend or family member, please tell us their name. _____

Please Tell Us About Your Pet(s)

	Name	Breed	Age	Sex	Color	Spayed or Neutered?
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

Where were your pet(s) last vaccinated?

Clinic Name: _____

Phone Number: _____

Date of Vaccination: _____