



WELCOME!

Client(s) Information

Name _____

Address _____ City/State/Zip _____

Home Phone _____ Alt. Phone _____

Social Security # _____ Driver's License # _____

Emergency Contact Name _____

Emergency Contact Phone _____

Email address _____

All personal information will be kept secure and only available to staff needing this information. Email is only used to send pet reminders, inform you of current promotions, newsletters, etc.

Patient Information

Pet's Name _____ Species _____ Age _____

Breed _____ Sex _____

Reason for this visit _____

Any additional pets at home (please list) _____

How did you learn about us or what brings you and your pet(s) to our hospital? If a friend referred you, please list their name so that we may thank them personally.

Authorization

I assume responsibility for all charges incurred in the case of any animal I bring into this practice. I understand that these charges are due at the time of release unless previously arranged.

Service Notice

If I do not pay the entire balance within 30 days of the monthly billing date, a service charge will be added to the account for the current monthly billing period. In the case of default of payment, I promise to pay any legal interest on the balance due, together with any collection costs, court costs and reasonable attorney fees incurred to affect collection of this account or future outstanding accounts.

Signature _____

Date _____