

PATIENT / CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few minutes to fill out both sides of this information sheet.

Owner's Name: _____ Spouse/Other: _____

Owner's Social Security Number: _____ (Optional) Spouse/Other SSN: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone#: _____

Employer's Name & Address: _____

Email Address _____

What Is The Best Contact Number To Call Regarding Your Pet? At What Phone # _____ And At What Times _____

In Case Of EMERGENCY, Call _____ At Phone # _____

We will gladly prepare a written estimate if you desire. Please ask a receptionist or doctor. Professional fees are **DUE AT TIME OF SERVICE** rendered. If you wish to pay by check or credit card, please complete the following:

Bank Name: _____ Driver's License #: _____

Preferred Method of Payment: () CASH () CHECK () CREDIT CARD [We accept Visa, MasterCard, or Debit. No Amex or Discover]

Name of Previous / Current Veterinarian: _____

How Did You Hear About Our Hospital?

- () Individual, Someone We May Thank? _____
- () Yellow Pages, Or Another Telephone Directory? _____
- () Hospital Sign? _____
- () Another Hospital? If So, Which? _____
- () Other, Please State: _____

How Would You Like to Be Reminded of Future Recommended Preventative Health Care Services for Your Pet?

- () PHONE () MAIL () BOTH PHONE & MAIL

Our Current System Can Provide Up To 3 Reminders At 2-4 Week Intervals. Do You Wish To Be Reminded More Than One Time?

- () YES () NO

To help prevent the spread of infectious diseases, hospitalized and boarded animals **MUST BE CURRENT** on all Vaccinations. **DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION.** Vaccinations can be updated at the time of your appointment if it is not current. I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the services otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and not notify you within that time period, you may assume that the animal is abandoned and are hereby authorized to dispose of the animal you deem best and/or necessary.

Signature: _____ Date: _____

(PLEASE FILL OUT PET INFORMATION ON REVERSE SIDE (THANK YOU))