



Patient/Client Information

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

Date _____

Owner _____ Spouse/Other _____

Address _____

City _____ State _____ Zip _____

Email _____ / _____

Home Phone _____ Cell _____ / _____

Employer _____ Phone _____

Spouse/Other's Employer _____ Phone _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We will gladly prepare a written estimate at your request. Please ask the receptionist or doctor. We accept cash, personal checks, MasterCard, Visa, and Discover. *If you intend on paying with a personal check, please provide a driver's license number and DOB.*

Method of payment:

- Cash
- Credit card
- Personal check: Driver's License No. _____ DOB _____

How did you first hear of our hospital?

- Individual: someone we may thank? _____
- Yellow pages Hospital Sign AAHA Referral Other

We consider our pet(s) part of the family just as pets

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature: _____

Comments: _____

