

Date _____

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 ~~moments~~ to fill out both information sheets.

Owner's Name: _____ Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____

Employer's Name & Address:

Work Phone #: _____ Ext: _____

If Military: Rank: _____ P.C.S. _____ E.T.S. _____

Spouse's/Other's Employer Name & Address _____

At What Time _____ And At What Phone # _____ Is It Best to Call About Your Pet?

In Case of EMERGENCY, Call _____ At Phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: _____ Owner's Driver's License# _____

Spouse/Other Driver's License# _____

Preferred Method of Payment: Cash Check Debit Card Credit Card

Name of Previous/Current veterinarian: _____

How did you hear of our hospital?

Individual, Someone We May Thank? _____

Yellow Pages, or another telephone directory?

Hospital Sign?

Another Hospital? If so, which? _____

Other, please state: _____

Continued...

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. Vaccination 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 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 service is 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 \$30.00 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 <animal> within 5 days of the discharge date and do not notify you within that time period, you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and/or necessary.

Signature _____ Date _____