

WELCOME TO OUR PRACTICE



Client Information

Date _____

Owner's Name _____ Spouse/Other _____

Social Security Number _____ Driver's License # _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Employer _____ Employer's Address _____

Most convenient time to reach you? _____ At what number? _____

In case of an EMERGENCY, call _____ at phone # _____

How did you become aware of our clinic: Hospital Sign ____ Yellow Pages ____ Other _____

If recommended by an individual, who may we may thank: _____

Pet information:

Pet's Name _____ Dog/Cat/Other _____ Breed _____

Color _____ Date of birth _____ Sex: Male/Female ____ Neutered/Spayed _____

Other Pets:

Name _____ Breed _____ M/F ____ Neutered/Spayed ____ Age _____

Name _____ Breed _____ M/F ____ Neutered/Spayed ____ Age _____

Name of previous/current vet: _____

Is your pet currently receiving any medication? Yes ____ No ____ Name _____

Does your pet have any known drug allergies? Yes ____ No ____ To _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Method of payment: Cash ____ Credit Card _____ Check ____ CareCredit ____

I understand that 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 above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for reasonable costs of collection, attorney fees and court costs, in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. 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.

Signature _____ Date _____

ACCREDITED PRACTICE

