

**PATIENT / CLIENT INFORMATION**

OWNER NAME \_\_\_\_\_ SPOUSE /OTHER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ ALTERNATE \_\_\_\_\_  
EMAIL ADDRESS (for newsletters & reminders) \_\_\_\_\_

YOUR EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SPOUSES EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMERGENCY CONTACT (other than above) NAME \_\_\_\_\_  
PHONE \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR HOSPITAL?  
REFERREL \_\_\_\_\_ YELLOW PAGES \_\_\_\_\_ SIGN \_\_\_\_\_  
INDIVIDUAL \_\_\_\_\_ OTHER \_\_\_\_\_  
SOMEONE WE MAY THANK \_\_\_\_\_

**IN ORDER TO PREVENT THE SPREAD OF INFECTION, DISEASES, AND PARASITES, ALL HOSPITALIZED AND BOARDING ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL, AND EXTERNAL PARASITES.**

**I AUTHORIZE THE DOCTOR TO PROVIDE VACCINATIONS AND PARASITE CONTROL AS NEEDED FOR MY PET.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PAYMENT IS DUE WHEN SERVICES ARE RENDERED. A CHECK HANDLING FEE OF \$30.00 WILL BE CHARGED FOR ALL RETURNED CHECKS. AFTER 30 DAYS, ANY UNPAID ACCOUNT WILL BE REFERED TO OUR COLLECTION AGENCY. COLLECTION AGENCY AND ATTORNEY FEES WILL BE ADDED TO ACCOUNT. ARRANGEMENTS WILL BE MADE FOR ANY PET DEEMED ABANDONED ACCOURDING TO STATE LAWS.**

**PLEASE INDICATE THE PREFERED METHOD OF PAYMENT: CASH / CHECK / CREDIT CARD**

**IF PAYING BY CHECK OR CREDIT CARD PLEASE PROVIDE THE FOLLOWING INFORMATION:**

DRIVERS LICENSE NUMBER \_\_\_\_\_  
STATE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET!!!**