



Welcome To Our Hospital

If you brought copies of your pet's records, please give them to our receptionist.

Owner Name: _____

You may add one additional person to your account. This person will be given the authority to consent to medical care for your pet(s), make changes to your account, and have access to medical records.

Additional account holder name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (please circle the preferred number for contact):

Home: _____ Cell: _____ Work: _____ Other: _____

Place of Employment: _____

Driver's License # (for check acceptance): _____ State: _____

E-mail Address (for reminders, coupons, newsletters): _____

Check here to sign up for paperless reminders (email only)

How did you hear about us? Sign/Drove by Yellow Pages Friend/Client Internet Staff Member

If personal recommendation, whom may we thank? _____

PET INFORMATION (you may include your other pets in the additional spaces provided)

Name				
Breed				
Date of Birth/ Age				
Color				
Gender				
Spayed/Neutered (y/n)				
Microchip (y/n)				

Previous Vet Hospital: _____ Phone Number: _____

Pet Insurance? yes no If yes, what company? _____

ALL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. If my account becomes uncollected debt, I agree to be responsible for fees incurred to collect the debt including attorney's fees, late fees, court costs, and interest at 2% per month (18% APR).

Client's Signature: _____ Date: _____