Patient/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 sides of this information sheet.

Owner's Name: _____ **Spouse/Other:** _____

Address: _____**City:** _____ **State:** _____ **Zip:** _____

Home Phone #: _____**Work Phone #:**_____E-Mail address_____

Employer's Name & Address: _____

Spouse/Other's Employer Name & Address: _____

At what time _____ and at what phone # _____ is it best to call about your pet?

In the event that we cannot get in contact with you, please give us the name and telephone number of someone that can make a decision for you. Name: _____ Telephone: _____

*This should be someone other than you (a relative, friend, neighbor, etc.).

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

Bank Name: _____ **Driver's License #/State:** _____

Preferred Method of Payment: ( ) Cash ( ) Check ( ) 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?
( ) Other, please state: _____

Please check here if you are 65 or over to receive your senior discount ( )

*To help prevent the spread of infectious diseases, **ALL** 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.** Vaccinations can be updated at the time of your appointment if they are 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 agree to pay all 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 funds check and/or certified letter that must be sent. I understand that a deposit is required for surgical and hospitalized care. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Signature: _____ **Date:** _____