

# CLIENT INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse / Other: \_\_\_\_\_  
Last First Middle

Physical Address: \_\_\_\_\_  
Street number and name City State Zip Code

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## ANIMAL INFORMATION

Species	Name	DOB	Sex	Breed & Color
			Neutered?	
_____	_____	_____	M/F	_____
			Yes / no	
_____	_____	_____	M/F	_____
			Yes / no	
_____	_____	_____	M/F	_____
			Yes / no	

All animals staying in the hospital must be current on all routine vaccinations and must be free from internal or external parasites. Animals harboring fleas and/or ticks will be treated at the owner's expense.

Payment for services is due at the time of service. We accept cash, personal checks, and all major credit cards. The office manager must approve open accounts before services are performed. There will be a 1.5% monthly service charge (18% annually) on all accounts over 30 days.

I understand and accept the terms of payment policy for services and purchases.

\_\_\_\_\_  
Signature of owner and date

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Signature of owner and date