

PATIENT/CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Date: _____

CLIENT'S INFORMATION

Owner's Name: _____ Spouse/Other: _____			
Children (first names & ages): _____			
Address: _____		City: _____	State: _____ Zip: _____
Home Telephone: _____		Work: _____	Cell: _____
Email: _____			
Employer's Name & Address: _____			
Spouse's/Other's Employer & Address: _____			
At what time _____ and at what phone number _____ is it best to call about your pet?			
In case of EMERGENCY, please call _____ at telephone number _____			
We consider our pet(s) <input type="checkbox"/> Part of the family <input type="checkbox"/> Just as pets			

FEE & PAYMENT INFORMATION

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept cash, checks, debit cards, Mastercard, Visa, American Express and Discover.	
Driver's license: State _____	Number _____
Are you eligible for a Senior Discount? <input type="checkbox"/> YES	

REFERRAL INFORMATION

How did you first hear of our hospital?
<input type="checkbox"/> Individual; someone we may thank? _____
<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Internet
<input type="checkbox"/> Hospital sign (drive by)
<input type="checkbox"/> Other _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature: _____

