

CLIENT/PATIENT INFORMATION			
Owner's Name:			
Spouse's Name:			
Address:			
City:	State:	Zip:	
E-mail:			
Home Phone:		Work Phone:	
Cell Phone:		Emergency Phone:	
Name of Emergency Contact:			
Preferred method of payment:	CASH	CHECK	CREDIT CARD
How did you hear about us/ Someone we may thank?			
The following information is required in order to accept checks:			
Driver's License:			
For security purposes, the last four digits of your SSN:	Owner:	Spouse:	
Name of Previous/Current Veterinarian:			
STATE LAW REQUIRES ALL DOGS & CATS TO BE CURRENT ON RABIES VACCINATION. All other vaccinations need to be current for hospitalized and boarded animals. Vaccinations will be updated at the time of your visit, unless the veterinarian decides otherwise.			
<ul style="list-style-type: none"> • I hereby authorize this hospital to receive, prescribe for, treat and/or perform surgery upon the pets on my account. • I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. • We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. • I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. • I agree to pay 1½ % or \$3.00 whichever is greater, applied monthly, on any balance on my account. • I agree to pay all costs of collections for a balance on my account that is overdue. • I understand that a service fee of \$25.00 will be assessed for each returned check. • I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. We do not provide 24-hour supervision. • 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 he/she is abandoned and are hereby authorized to dispose of him/her, as you deem best and/or necessary. • <i>I understand that at least a 24-hour notice is needed to reschedule an appointment. Failure to keep a scheduled appointment will be noted on my account. After 3 such missed appointments, I will be required to pre-pay for all visits prior to them being scheduled. In the event of an incident beyond my control causing the missed appointment, with applicable documentation, the failure to keep that appointment will not be counted against my account.</i> 			
Signature _____		Date _____	

Pet's Name:		Date of Birth:
Male / Female	Spayed or Neutered: Yes / No	
Species:		Breed:
Colors / Markings		
Previous Veterinarian:		
Pet's Name:		Date of Birth:
Male / Female	Spayed or Neutered: Yes / No	
Species:		Breed:
Colors / Markings		
Previous Veterinarian:		
Pet's Name:		Date of Birth:
Male / Female	Spayed or Neutered: Yes / No	
Species:		Breed:
Colors / Markings		
Previous Veterinarian:		