



New Client Information

Please Print Clearly

Date: _____

Best Contact Phone Number: _____

Last name: _____ Spouse/Other's Last name: _____

First name: _____ Spouse/Other's First name: _____

Mailing Address: _____ City: _____ Zip: _____

Home Number: _____ Cell Number: _____ Other's Cell: _____

Provide your e-mail address to access your pet's records, access on the online store and much more. Plus, receive a FREE bag of treats! Email Address: _____

Preferred method(s) of contact: [] e-mail [] postal mail [] text [] home phone [] cell phone

Driver's License Number: _____ (for check payment and dispensing of controlled substances)

Date of Birth: _____ Employer: _____ Work Phone: _____

How did you hear about us?

- Hospital Sign Yellow Pages Website Welcome Wagon Angie's List
- Newspaper Facebook Radio Television Twitter

Other, please specify: _____

Individual (someone we can thank): _____

Someone to contact other than yourself or your spouse in case of a lost pet or an emergency:

Emergency contact first and last name: _____

Emergency contact phone number: _____

All Fees Are Due and Payable Upon Completion Of Services

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 hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed. Furthermore, I agree to pay fees for all 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, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located.

Signature _____ Date: _____



CareCredit