



Client Information Form

Date: _____

Thank you for giving us the opportunity to care for your pet. Please take a moment to complete the following pages.

Owner's name: _____

Spouse's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Cell phone: _____ Home phone: _____

Work phone: _____

Spouse's cell phone: _____ Spouse's work phone: _____

In the place of an emergency, please contact: _____

Emergency contact phone number: _____

How did you hear about us? _____

Who do we thank for referring you to our hospital: _____

Payment Method: Cash: ____ Check: ____ Credit Card: ____ Care Credit: ____

Reminder Method: Mail: ____ Email: ____ Text: ____ (Appointment reminders only)

We will gladly prepare an estimate if you desire, please ask the receptionist or the doctor. Full payment is due at the time services are rendered, no billing. A deposit may be required for surgery or hospitalization. Collection services/attorney fees will be levied on all unpaid balances as well as finance charges of 18% per annum and a \$3.00 monthly billing charge.

To prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the doctor to administer vaccines and parasite control as needed for my pet.

I have read and understand the above policies.

Signature: _____