

WELCOME

Client Number: _____

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill this form completely. Thank You!

REGISTRATION

Owner: _____

Last

First

Middle

Spouse/Other: _____

Last

First

Middle

Mailing Address: _____

Number / Street / PO Box

City

State

Zip

Place of Employment: _____

Company

Address

City

Home Phone: (____) _____ Work Phone: (____) _____

Cellular Phone: (____) _____ Spouse/Other: (____) _____

Emergency Contact: _____ Emergency Number: (____) _____

Driver's Lic #: _____

Number

State

Expiration Date

E-mail Address: _____

How did you learn [] Yellow Pages [] Personal Recommendation [] Other _____

of our hospital? [] Sign [] Pet/Bird Store [] Internet Search _____

If recommended, by whom? _____

AUTHORIZATION

We will gladly prepare a written estimate of service fees if you desire; please ask our doctor or receptionist.

ALL PROFESSIONAL FEES ARE DUE PAYABLE AT THE TIME SERVICES ARE RENDERED.

In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment agreement if approved in advance of treatment. There will be a service charge of \$25.00 for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assigned in the discharge invoice.

Method of Payment: [] Master Card Card Number: _____

Optional [] Visa Exp Date: _____

[] Discover

[] American Express

Signature of Owner Date_____
Signature of person presenting this pet for treatment if other than owner Date