

CLIENT INFORMATION FORM

Title:	Last Name:	Middle Initial:	First Name:
Street Address:			Apartment Number:
City:	State:	Zip:	Home Number:
Employer:			Work Number:
Mobile Number:	Email Address:		

Spouse/Roommate

Title:	Last Name:	Middle Initial:	First Name:
Employer:			Work Number:
Mobile Number:	Email Address:		

Personal Information:

Social Security Number:		
Driver's License Number:	State:	Expiration Date:

Pet's Information (Please list each pet that you own)

PET'S NAME:		Microchipped:	Sex:	Spay/Neuter:
		YES NO		YES NO
Date of Birth:	Species:	Breed:	Color:	
PET'S NAME:		Microchipped:	Sex:	Spay/Neuter:
		YES NO		YES NO
Date of Birth:	Species:	Breed:	Color:	
PET'S NAME:		Microchipped:	Sex:	Spay/Neuter:
		YES NO		YES NO
Date of Birth:	Species:	Breed:	Color:	
PET'S NAME:		Microchipped:	Sex:	Spay/Neuter:
		YES NO		YES NO
Date of Birth:	Species:	Breed:	Color:	

(PLEASE CONTINUE ON BACK)

How did you learn about our hospital?
Is there someone we can thank?

Hospital Policies

Our Hospital will not release your pet to any person not specifically authorized by you.

Please list all persons you wish to pre-authorize for receiving your pet:

Do you authorize us to obtain information about your pet(s) from another veterinarian, kennel, breeder or any other person? Yes No

Do you authorize us to release information about your pet(s) to another veterinarian, kennel, breeder or any other person? Yes No

- Our hospital requires that every pet left in our care to be current on vaccines as determined by our veterinary staff and be free of internal and external parasites. Treatment and/or vaccines will be administered at the expense of the owner, including doctor's exam fees.
- All pets left in our care overnight must have had an examination by our doctors within the last six months.
- No pets will not be released outside of regular business hours.
- Our doctors will proceed to treat any medical conditions which occur or exist in your pets while left in our care. Any such treatment will be at the expense of the owner. If you do not want your pet treated without a phone call, you must leave a number where you can be reached during regular office hours, and inform the receptionist at the time of drop off to have the doctor call you before treatment is initiated. In the event of an emergency, the doctor will proceed to treat your pet without speaking to you first.
- If you desire an estimate prior to any treatment please ask the receptionist for a written estimate.
- Payment for services is due at the time the pet is released. We accept Master Card, Visa Discover, American Express, cash and checks. Hospital cases require a 50% deposit or \$200.00, whichever is greater, of the estimated cost at the onset of treatment.
- In the event your check is returned for Insufficient Funds, Federal Check Recovery, Inc. reserves the right to electronically debit your checking account for both the face amount and associated fees. Your payment by check is deemed as acceptance of this electronic check recovery system.
- In the event that your account is turned over to collections all associated fees including attorney's fee assessed by the collection agency will added to the outstanding balance.

Your signature here verifies that you have read and understand all the above information.

Signature:	Date:
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