



# Information Sheet

Animal Medical Hospital's

# “We Take The Time To Care”

Thank you for giving our hospital the opportunity to care for you pet. Please complete the following:

## INFORMATION ABOUT YOU AND YOUR PET

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Secondary Name on Account \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

(SSN and DL # are used to accept personal checks.)

Email Address \_\_\_\_\_

Pet Name \_\_\_\_\_  Dog  Cat  Exotic

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Spayed or Neutered  Yes  No Date of Last Vaccinations \_\_\_\_\_ Where? \_\_\_\_\_

Pet Name \_\_\_\_\_  Dog  Cat  Exotic

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Spayed or Neutered  Yes  No Date of Last Vaccinations \_\_\_\_\_ Where? \_\_\_\_\_

Would you like to receive Pet Health Reminder Postcards?  Yes  No

**How Did you Become Aware of Our Hospital?**  Professional Referral  Previous Client

Hospital Sign  Yellow Pages  Mail  Web Page  Newsletter  Television  Radio  Postcard

Individual - Someone we may thank (please print) \_\_\_\_\_

Address and phone # \_\_\_\_\_

Other

## PAYMENT POLICY

Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient for you:

Cash, Check, MasterCard, Visa, American Express, Debit Cards, Discover and Care Credit upon approval.

How do you plan on paying today? \_\_\_\_\_

*It is our policy to provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment will be required.*

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

Day  M  T  W  Th  F  S  S Time \_\_\_\_\_ A.M. P.M. Reason for visit \_\_\_\_\_

Client ID# \_\_\_\_\_ Entered By \_\_\_\_\_

