




The Animal Hospitable Veterinary Clinic
Patient/Client Information

Office Use Only

 Client # _____
 Scanned
 Updated in computer

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____ Title: Mr. Mrs. Ms. Dr. Other _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone#: _____ Cell Phone#: _____
E-Mail Address: _____
Employer: _____ Work Phone#: _____
(Business Name if Self Employed)
Co-Owner: _____ Title: Mr. Mrs. Ms. Dr. Other _____
Relationship to Owner: _____ Cell Phone#: _____
Co-Owners Employer: _____ Work Phone#: _____
(Business Name if Self Employed)
Emergency Contact: Name: _____ Phone: _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following:

Driver's License: _____ SSN: _____
Date of Birth: ____/____/____

**** NO CHECKS WILL BE ACCEPTED WITHOUT THE HIGHLIGHTED INFORMATION ****

Preferred Method of Payment: Cash Check Credit Card

Preferred Method of Contact: Call Text Email

Would you like to sign up for text message reminders? Yes No

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital? Dr. Referral Personal Recommendation Sign Yellow Pages Other
Referral, by whom? Name _____ If Dr., Clinic name & phone _____
(Who may we thank for referring you?)

List all other persons who have permission to consent to treatment: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.

Furthermore, I agree to pay for services rendered at the time
the pet is discharged from the hospital or the service is otherwise terminated.
I agree to pay a deposit of at least 50% for any procedure requiring hospitalization.

I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. There will be a service charge for any check returned unpaid.

Signature _____ Date _____

Thank you for choosing The Animal Hospitable, we look forward to serving you. **(OVER)**

