



Client Information

Please take a moment to fill out the following information to help maintain accuracy in our computer system. Please provide what information you're comfortable giving.

We keep all of our Client Information CONFIDENTIAL.

Thank you for your time, we look forward to serving you and your pet(s)!

Name _____
First Name Last Name Spouse's First Name

Mailing Address _____
Street Apt

City State Zip

Primary Phone Number (_____) _____ - _____ Secondary (_____) _____ - _____

Additional Number (_____) _____ - _____

E-Mail Address _____

We offer a FREE service to our clients called EPetHealth where you can access your pet's records, make appointments, order medication, and shop our online store! Your email will be kept confidential.

Referred By Client _____ Internet
 Veterinarian _____ Our Location
 Other _____ Humane Society

Has your pet been seen by another Veterinarian? _____
Please list so we can call for records.

Payment Policy

All fees are expected to be paid at the time of services or upon discharge from the hospital.

Any exception to this policy must be authorized prior to the performance of any service.

We accept cash, Mastercard, Visa and Discover for your convenience.

Unfortunately we do not accept personal checks.

Any unpaid accounts will be charged a 1% monthly interest rate.

Signature _____ Date ____/____/____

We truly appreciate your time and consideration while filling out this information!