

Center Veterinary Hospital – New Client Information

Date _____

Driver's License # _____

Your Name _____ Spouse _____

Address _____ City _____

Zip _____

County of Residence _____ Place of Employment _____

Home Phone _____ Cell Phone _____ Work Phone _____

Whom may we thank for referring you? _____

In case of emergency who should we call? _____

Phone Number _____

Pet's Name _____ Species _____ Age/DOB _____

Sex _____ Breed _____ Neutered/Spayed? _____ Color _____

Diet (what kind of food) _____

Pet History (illnesses/surgeries) _____

Whom may we contact for vaccine history? _____

Are there other pets in the home, and if so, what are they and how old? Please list _____

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). We accept most major credit cards. Payment is due when services are rendered.

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 assessed in the discharge invoice.

ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.

Client Signature _____ Date _____