

ASHLAND ANIMAL CLINIC

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following.

OWNER INFORMATION

DATE: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s): _____ Email: _____

Driver's License # _____ Social Security # _____

Place of Employment: _____ Phone: _____

CO-OWNER INFORMATION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s): _____ Email: _____

Place of Employment: _____ Phone: _____

Social Security # _____

****A current copy of the owner and/or co-owner driver's license must be kept on file for accounting purposes.**

How did you become aware of our clinic?

Drove by / Yellow Pages / Previous Client/ Internet

Personal Recommendation (Whom may we thank?) _____

****To prevent the spread of infectious diseases and parasites, all boarded animals must be current on vaccines and be free of internal and external parasites. This is necessary to protect your pet as well as others.**

ALL PAYMENT IS DUE AT TIME OF SERVICE

Deposits are required on major medical/surgical cases, trauma cases, and emergency work where hospitalization is required.

We accept Visa, Mastercard, Discover, American Express and CareCredit as well as cash and personal checks. There will be a \$30.00 service charge for any check returned unpaid.

Signature: _____ Date: _____