

HARDIN VALLEY ANIMAL HOSPITAL
CLIENT INFORMATION SHEET

Owner _____
Last _____ First _____ Middle Initial _____
Mailing Address _____
Number _____ Street _____ Apartment No. _____
City _____ State _____ Zip Code _____
Home Phone _____ Employer _____
Work Phone _____ Cell Phone _____
State/DL No. _____ E-Mail (please write legible) _____
Spouse or Co-Owner _____
Home Phone _____ Work Phone _____ Cell Phone _____
How did you hear about us? Please circle one **(Drive By)** **(Friend)** **(Internet)** **(Yellow Pages)** **(Welcome Wagon)**
If referral was by a friend, please list their name _____
How would you like to be reminded of future recommended preventative health care services for your pet?
_____ phone _____ mail or _____ email?

Pet information

PET #1

Name _____ Cat, Dog, or Other _____
Breed _____ Color _____
Birth date or Age _____ Sex _____ Spayed or Neutered _____

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PET #2

Name _____ Cat, Dog, or Other _____
Breed _____ Color _____
Birth date or Age _____ Sex _____ Spayed or Neutered _____

.....
Name of Previous/Current Veterinarian _____ Phone _____

To prevent the spread of diseases and parasites, we recommend animals be current on all vaccines. Pets with fleas will be treated with a topical or oral flea medication on admission, and the prescription price will be included in the invoice

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$29.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify the hospital within that time period, we will assume that your pet has been abandoned and you have therefore relinquished ownership of your pet to Hardin Valley Animal Hospital.

Signature _____ Date _____