

WELCOME TO OUR PRACTICE

We want to make your visit as personal as possible. Please take a few minutes to complete this form so that we may serve you better.

Name _____ Spouse/Partner _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Ext _____

Cell Phone if different from home # _____

E-mail address: _____

Spouse/Partner Work Phone _____ Cell Phone _____

Emergency contact if you are not available _____ Phone# _____

Driver's License# _____ (We need this for anyone paying by check and, unfortunately, for accounting purposes)

Referral: We would like to know how you selected Companion Animal Hospital. If it was a friend, we'd like to thank them personally. Friend's name _____

If you found out about us some other way, please check the appropriate space.

Radio _____ Sign/Location _____ Yellow Pages _____

Transfer from other hospital/emergency _____

Would you like to receive our Quarterly Pet Gazette Newsletter? Yes No

*****Please note that our hospital policy requires that all professional fees be paid at the time our services are rendered.**

- **Cash or personal checks**
- **Master Card, Visa, Discover, or American Express Credit Cards**
- **Care Credit**
- **VPI client reimbursement PET Insurance**
- **WE DO NOT ACCEPT POST DATED OR HELD CHECKS**