

**Eagle River Animal Hospital
Client Information**

Please circle one: *New Client* *Current Client Update*

Name: _____ **Home Phone:** (____) ____ - ____
(Last) (First) (Middle Initial)

Cell Phone: (____) ____ - ____

Current Address: _____
(Street) (City, State) (Zip Code)

Permanent/Mailing Address (if different than above) _____

(Street) (City, State) (Zip Code)

Local Phone: _____ **Emergency Phone:** _____

SS#: _____ **Driver's License #** _____

Employer: _____ **Work Phone:** _____

Spouse or co-owner's name: _____ **Spouse SS#:** _____

Spouse or co-owner's employer: _____ **Work Phone:** _____

Email address: _____ **Would you be interested in email reminders: Y or N**

I give permission for my pet(s) photo to be used on website or Eagle River Animal Hospital Face book page: Y or N

*****I assume responsibility for all charges incurred on my account and also understand that payment is expected at the time of service or at time of patient discharge.*****

*****There is a \$35.00 charge on all returned checks.*****

Signature: _____ **Date:** _____

**** *******We accept Care Credit. Please ask if you are interested in applying*******

Method of Payment: Cash _____ Check _____ Credit Card _____

