

Office Use Only CCS Initial: _____

OWNER INFORMATION

FIRST NAME _____ M. I. _____ LAST NAME _____

ADDRESS _____ APARTMENT _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE # _____ SECONDARY # _____ WORK # _____

EMAIL ADDRESS _____

CO-OWNER/ALTERNATE CONTACT _____

CO-OWNER/ALTERNATE CONTACT PHONE # _____

HOW DID YOU HEAR ABOUT EASTERN ANIMAL HOSPITAL?

Yellow Pages _____ Event _____ Hospital Sign _____ Internet _____ Other _____

Personal Recommendation? (If so, whom may thank?) _____

PET INFORMATION

PET'S NAME _____ DOG OR CAT _____ OTHER _____

MALE OR FEMALE _____ IS YOUR PET SPAYED OR NEUTERED? YES OR NO _____ BREED _____

COLOR _____ BIRTHDATE OR APPROXIMATE AGE _____

PET'S NAME _____ DOG OR CAT _____ OTHER _____

MALE OR FEMALE _____ IS YOUR PET SPAYED OR NEUTERED? YES OR NO _____ BREED _____

COLOR _____ BIRTHDATE OR APPROXIMATE AGE _____

PAYMENT INFORMATION

Please be aware that payment is due at time of service. Sorry, but we do not offer billing and we do not accept personal checks.

For your convenience, Eastern Animal Hospital accepts multiple types of payment.

HOW WILL YOU BE PAYING TODAY?

CASH _____ VISA/MASTERCARD _____ DISCOVER _____ AMEX _____ DEBIT CARD _____ CARE CREDIT _____

I understand that payment is due at the time that services are rendered and a deposit will be required upon admission of my pet to the hospital for treatment. The balance will be due when my pet is discharged from the hospital.

Signature _____ Date _____