



New Client/Patient Information

Thank You for giving our hospital the opportunity to care for your pet. So that we may be better able to meet your needs, please complete the following:

Client/Owner Information:

Owner's Name: _____ Spouse's Name: _____

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

Email Address: _____

Place of Employment: _____

Primary Phone: _____ Secondary Phone: _____

Spouse Cell Phone: _____ Business Phone: _____

How did you hear about our hospital(s)? Internet Search Drive by Website Local Area Vet

Personal Recommendation (whom may we thank?) _____

I grant permission to Animal Hospital Inc/Hillcrest Animal Hospital to publish photos of myself and pet in context of marketing the business through our websites and social media marketing. Yes No

Pet(s) Information:

Name: _____ Age/ Birthdate: _____ Sex: Male Neutered Female Spayed Unknown

Breed: _____ Color: _____ Date of Last Vaccines: _____

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Breed: _____ Color: _____ Date of Last Vaccines: _____

Number of Pets in home: Cats: _____ Dogs: _____ Other: _____

Previous Veterinarian: _____ Phone Number: _____

Do you have Pet Insurance? No Yes Provider? _____

Payment Policy:

Full payment is required upon rendering of services. We do not carry charge accounts. Deposits are required for all major medical/surgical procedures. We will provide you with a written statement of fees at your request. We accept cash, checks, Mastercard, Discover & Visa.

I have read the above and understand Animal Hospital Inc/ Hillcrest Animal Hospital's Payment Policy.

Signature of Pet Owner or Legal Representative _____ Date: _____

Thank you for bringing your pet(s) to our hospital(s). We hope you are pleased with our services and facilities and would appreciate if you would let us know how we might improve them.