

# Shoals Animal Hospital

## New Client Information



### Please Print

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse \_\_\_\_\_

SS # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Pager Number ( ) \_\_\_\_\_

Mobile Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Would you like reminders for vaccinations e-mailed to you? \_\_\_\_ Yes \_\_\_\_ No

In case of **EMERGENCY**, call \_\_\_\_\_ at this number ( ) \_\_\_\_\_

How did you become aware of our hospital? Hospital Sign \_\_\_\_ Yellow Pages \_\_\_\_ Website \_\_\_\_

\_\_\_\_ Individual ( someone we may thank ) \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Neutered? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Female \_\_\_\_ Spayed? \_\_\_\_ Yes \_\_\_\_ No

Vaccination History (specify) \_\_\_\_\_

Do you have records? \_\_\_\_ Yes \_\_\_\_ No If no, may we contact previous veterinarian? \_\_\_\_ Yes \_\_\_\_ No

Who is your previous/current veterinarian? \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Pet's current medications \_\_\_\_\_ Diet \_\_\_\_\_

How many other pets? \_\_\_\_ Dog(s) \_\_\_\_ Cat(s) \_\_\_\_ Equine \_\_\_\_ Other (specify) \_\_\_\_\_

## ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

**We accept cash, personal checks, debit card, Mastercard, Visa and Discover.**

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 Shoals Animal Hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. I also understand there is no in-house billing. Furthermore, I agree to pay all fees for all 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, attorney fees, and court cost in the event that collection becomes necessary. There is a \$ 30.00 returned check fee. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Method of payment \_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Debit Card \_\_\_\_ Credit Card

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_