

CLIENT INFORMATION

Primary Owner



First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone (Daytime) _____ Home/Mobile/Work (Circle) _____

Employer _____ Driver's License Number _____

Social Security Number _____ - _____ - _____

E-mail Address

Fill in your e-mail address if you would like to receive reminders, health alerts, and periodic bulletins from Prairiehaven Animal Hospital. **We will not give out your e-mail address.**

Spouse/ Co-Owner

First Name _____ Last Name _____

Employer _____ Phone (Daytime) _____ Home/Mobile/Work (Circle) _____
Phone (Evening) _____ Home/Mobile/Work (Circle) _____

Emergency Contact Information

First Name _____ Last Name _____

Phone (Daytime) _____ Home/Mobile/Work (Circle) _____

Please let us know how you heard about Prairiehaven Animal Hospital

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Individual. Someone we may thank? _____ | <input type="checkbox"/> Radio | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Pet Store / Humane Society | |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Other Veterinarian | |
| <input type="checkbox"/> Website / Internet | | |

Notices

Payment is due at the time services are rendered. Balances not paid in full will be subject to additional collection fees up to 50% and/or attorney fees up to 33% incurred in the collection process. Interest fees will be incurred up to 2.0% monthly or 24% annually on any unpaid balances. There is a \$35 fee for returned checks.

Unless directed otherwise, Prairiehaven Animal Hospital, its representatives and employees reserve the right to take photographs of clients and their pets, and to copyright, use and publish the same in print and/or electronically for the purpose of publicity, illustration, advertising and Web content.

PrintName _____ Signature _____ Date _____

Pet's Name: _____
Date of Birth or Age _____
Species: Dog Cat Other _____
Breed: _____
Sex: Male (neutered? yes no)
Female (spayed? yes no)
Color / Markings: _____
Vaccinations were given last by (clinic name):
_____ Date: _____
Allergies or Long-term Medical Problems: _____

List Any Additional Pets in the Household:

Office Use Only: Initials _____ Date _____