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

- ☐ Individual. Someone we may thank? _____
- ☐ Yellow Pages
- ☐ Facebook /Pinterest
- ☐ Website / Internet
- ☐ Location
- ☐ Pet Store / Humane Society
- ☐ Other Veterinarian

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* _____