

## CLIENT INFORMATION FORM

**(Please fill out all information)**

Date: \_\_\_ / \_\_\_ / 20\_\_\_

Thank you for giving our animal hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

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

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

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Spouse's Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Spouse's Work Phone (\_\_\_\_) \_\_\_\_\_

E-Mail address \_\_\_\_\_

Driver's License # (required if paying with a check) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Emergency Contact: Name, Address, Phone # and Relationship \_\_\_\_\_

**We appreciate payment when services are rendered.**

**For your convenience, we accept cash, check, Master Card, VISA, Discover, and CareCredit.**

**Proper ID is required for all non-cash payments**

I verify that all the information provided is accurate \_\_\_\_\_  
Signature Date

		First Pet	Second Pet	Third Pet
Pet Name				
Breed or Mix				
Date of Birth				
Male or Female and Neutered or Spayed?				
Color(s) or Marking(s)				
Tattoo or Microchip Number				
Pet Insurance Company				
<b>Vaccine History</b>	<b>RABIES</b>			
	Dog			
	DHLPP-P			
	Lyme			
	Bordetella			
	Heartworm Test / Preventative			
Cat				
FVRCP				
Leukemia Test / Vaccine				
Any previous serious illness of surgeries?				
Any allergies to vaccinations or Medications?				
Is your pet on any special diets of Medications?				

**Pitman Animal Hospital**  
**Financial Policy**

Thank you for choosing Pitman Animal Hospital!!! We pride ourselves on being a full-service hospital, capable of handling almost any medical or surgical problem.

Our hospital receives no support from charitable organizations or the government. Therefore, prompt payment assures maintenance of a well-equipped, fully staffed hospital for the high level of care that we want to provide for your pets.

1. All routine services, i.e. office visits, vaccinations, elective surgeries, dentistry and product sales must be paid at the time that services are rendered. We accept cash, personal check, Visa, MasterCard, Discover and CareCredit (see any CSR for info or an application for CareCredit) for the amount of the fee only.
2. All re-deposited and returned checks are subject to a \$25 service charge.
3. A minimum deposit of 50% of the total anticipated bill is required for all non-routine, non-prescheduled surgeries and/or hospitalizations.
4. Emergency cases require a minimum deposit of 50% before we can begin extensive medical procedures. Emergency first aid will be initiated immediately without a deposit, if necessary, to minimize pain or save a patient's life.
5. In the event of an emergency, surgery or hospitalization where the total invoice cannot be paid in full as determined upon admittance, or by the time of discharge, the CSR or Pharmacy Assistant will have the attending doctor discuss other treatment options with the owner, or at this time CareCredit may be an option.

I have read and understand the Financial Policy of Pitman Animal Hospital and I agree to make all payments at the time services are rendered.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## Referral Survey

How did you first become aware of our hospital?

- Drove By
- Pitman Animal Hospital's Website
- Other Website
- Facebook
- Twitter

- Yellow Pages (Phone Book)
- Home Mailing

Another Client:

- Name: \_\_\_\_\_
- Phone # or Address: \_\_\_\_\_

Referring Doctor:

- Name: \_\_\_\_\_
- Clinic: \_\_\_\_\_

Other: \_\_\_\_\_

For hospital use: