

Spears Animal Hospital New Client Form

Pet Owner Information:

Date _____ Name _____
Spouse's Name _____ Partner's Name _____
Address _____
City _____ State _____ Zip Code _____ County _____
Cell Phone _____ Email _____
SS# _____ DL# _____
Employer _____ Work Phone _____

Are you interested in our home delivery option for medications and food? Y N

Are you here for a one-time visit or to become a client of Spears Animal Hospital? (Please circle)

Would you like to receive vaccine reminders? Y N

** Please provide us with a relative's information in case of emergency: (Must be of a different household)

Name of Relative _____ Phone _____
Address _____ City/State/Zip _____

How did you hear about us?

Friend that we can thank _____ Website
 Hospital Sign/ Location Professional Referral Other _____

Pet Information:

Pet's Name _____	Pet's Name _____
<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Breed _____	Breed _____
Color _____	Color _____
Birthdate _____	Birthdate _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed	<input type="checkbox"/> Neutered <input type="checkbox"/> Spayed
Microchip Number _____	Microchip Number _____
Previous Animal Hospital _____	Previous Animal Hospital _____
City, State _____	City, State _____
Phone _____	Phone _____

We accept the following methods of payment with appropriate identification:

Cash no ID required to accept payment

Check Driver's License and Social Security Number required to accept payment

MasterCard/Visa/Discover Driver's License required to accept payment

Fees are due at the time services are rendered. I understand that I am responsible for the payment on all services rendered, including attorney's fees and collection costs in the event of default. A 1.5% monthly service charge will be added to accounts over 30 days past due, with a minimum service charge of \$1.00. I attest that the information I have provided above is true and complete.

Signature of Pet Owner/ Agent _____

Receptionist use only: Client ID _____ Form completed _____ Data in computer _____ Vx reminders in computer _____
Data Clerk use only: Info in computer checked _____