NEW CLIENT/PET INFORMATION SHEET

Owner's Name: _____
Last First MI Partner/Spouse Name

Address: _____
Number Street City State Zip

Phone #s: _____
Home Work Cell Other

E-mail: _____

Clients DOB: _____ Employer: _____

Employers Address: _____
City State

Drivers License # _____

How did you hear about PetCare? ☐ Yellow Pages (book) ☐ Yellow Pages (internet/website)
☐Hospital Sign ☐ Client _____ ☐Other _____
☐ Regular Veterinarian's Name: _____ Hospital _____

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Sex: ☐M ☐F ☐ Altered Birth Date: _____ Microchip # _____

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Sex: ☐M ☐F ☐ Altered Birth Date: _____ Microchip # _____

Pet's Name: _____ Species: _____ Breed: _____

Color: _____ Sex: ☐M ☐F ☐ Altered Birth Date: _____ Microchip # _____

Please sign the following authorization for treatment

I authorize the staff of PetCare to render any treatment that is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone**. I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.** I understand a billing fee will be applied to all accounts unpaid after 30 days, with a periodic interest rate of 1.5% per month or 18% APR.

_____

Signature of Owner, Agent, or Good Samaritan **Date**

Please circle method of payment: Cash Check Visa MasterCard Discover Care Credit