

CLIENT INFORMATION

GRAFTON ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future.

PLEASE PRINT ALL INFORMATION.

Owner's Name: _____ Spouse/Friend Name: _____

Address: _____ County pet resides in _____

Apt: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone:(Mr/Ms) _____

Cell Phone (text? Y / N): _____ Spouse/Friend Work Telephone: _____

Place of Employment: _____ Email Address: _____

I prefer to be contacted by: (Please rank 1-5) ___Home Phone; ___Work Phone; ___Cell Phone; ___Email; ___Text

Driver's License Information: State: _____ ID Number: _____

In case of emergency, please call _____ at Telephone #: _____

How did you first hear about our hospital? (Please Circle One): Yellow Pages Sign Other _____
 Internet/Website: Google Bing Yahoo Facebook/Twitter Other _____
 Friend/Family Member Another Veterinary Clinic: Which one? _____

If you were referred to us, whom can we thank? _____
 (Referring Clients receive a Gift)

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We will gladly prepare a written estimate prior to treatment, please ask any staff member. We accept Visa, MasterCard, American Express, Discover, Check (with valid ID) or Cash. Credit is also offered through a charge card called "Care Credit."(Please ask Receptionist for Details). A \$4 handling fee and a billing fee of 1.8% per month (21.6% annually) will be charged on all accounts after the first thirty (30) days. Minimum billing charge is \$8.00 per month. The agency responsible for collecting returned checks imposes a \$50.00 fee on all checks returned from the bank for non-payment.

Upon non-payment or any other default, all obligations due hereunder as described above and collection costs, including actual attorney's fees and court costs, shall become due and payable at once.

To prevent the spread of infectious diseases and parasites, it is hospital policy that all hospitalized and boarded animals must be current on all vaccines, free of internal and external parasites, and have been examined by a licensed veterinarian within the past year. Animals whose vaccine status cannot be verified (from an animal hospital record) or who have parasites will be tested and treated at the owner's expense. Failure to show for a medical, boarding, or grooming appointment without 48 hours prior notice of cancellation may result in a missed-appointment fee equivalent to the current fee for the missed service.

I have read and understand the above policies. I authorize the doctors/staff at Grafton Animal Hospital to provide vaccines and parasite control as needed for my pet.

Signature of Responsible Party (Signature): _____

Date: _____ Receptionist Initials: _____

CAT/DOG/ OTHER	PET'S NAME	BREED	DOB	MALE/ FEMALE	SPAYED/ NEUTERED	COLOR/ DESCRIPTION