

# Aquia-Garrisonville Animal Hospital

## New Client & Patient Information

STAFF USE ONLY	
CLIENT ID	INITIALS

Home Telephone: (            ) \_\_\_\_\_ - \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \* Issuing State: \_\_\_\_\_ \* Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ W#: (        ) \_\_\_\_\_ - \_\_\_\_\_ C#: (        ) \_\_\_\_\_ - \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Employer: \_\_\_\_\_ W#: (        ) \_\_\_\_\_ - \_\_\_\_\_ C#: (        ) \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \* Issuing State: \_\_\_\_\_ \* Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*

How did you learn about us? Sign Website Newspaper Yellow Pages Other: \_\_\_\_\_ Friend: \_\_\_\_\_

*\* This information is required in order to pay with a check, and will remain confidential.*

Pet Information	1 <sup>st</sup> Pet	2 <sup>nd</sup> Pet
Name:		
Species:		
Breed:		
Color/Markings:		
Sex: (S=Spay / N=Neuter)	M    M/N    F    F/S	M    M/N    F    F/S
Date of Birth:		
Known Drug Allergies/Problems:		
Vaccine Information:		

To prevent the spread of infectious diseases and external parasites, hospitalized animals MUST BE CURRENT ON ALL VACCINES AND FREE OF EXTERNAL PARASITES. I authorize Aquia-Garrisonville Animal Hospital to provide vaccines and parasite control when needed.

**Full payment is expected when services are rendered.** Deposits are expected on medical, surgical, and emergency cases, where hospitalization is required. We accept the following as methods of payment: CASH / CHECK / DEBIT / VISA / MASTERCARD / DISCOVER (NOVUS) / CARECREDIT. The current state allowable charge will be assessed for any returned check. In the event of any default of payment, I agree to pay 18% interest per annum on all balances which are unpaid sixty (60) days after the services are rendered; plus attorney's fees which are hereby stipulated to be 33 1/3% of such outstanding balance whether suit is filed or not; plus court costs. If I fail to promptly pay for the services rendered, I authorize the release by or to any credit reporting agencies of personal credit information on me, and I further agree to pay all costs of obtaining such credit information and/or locating me, as may be necessary.

X \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Owner or Authorized Representative**