

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 st Pet	2 nd 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