

# Welcome

## Animal Health Clinic & Mary's House

Your business is appreciated and we would like to thank you for coming in.

Owner \_\_\_\_\_ SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Spouse/co-owner \_\_\_\_\_ SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Work(co-owner) \_\_\_\_\_  
Cell phone (owner) \_\_\_\_\_ Cell phone (co-owner) \_\_\_\_\_  
E-mail address \_\_\_\_\_ Emergency Contact \_\_\_\_\_

How did you hear about us?:

Referral  Who may we thank? Name \_\_\_\_\_ Phone \_\_\_\_\_

Phone book  Passing by  Sign  Web site/Internet  Other

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Name of Pet \_\_\_\_\_ Pet's Nick Name \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Breed(s) \_\_\_\_\_

Color(s) \_\_\_\_\_ Birth date/ age \_\_\_\_\_  
(estimate if unknown)

Male  Neutered  Female  Spayed

Our pet is a : Member of our family  Child's pet  Backyard/ Outdoor pet

Current/Previous Veterinarian \_\_\_\_\_

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### **PAYMENT IS DUE UPON COMPLETION OF SERVICES**

We will provide you with a written estimate of fees for hospital treatment, emergency care, surgery, or any other service upon request.

I authorize the veterinarian(s) to examine, prescribe for, or treat the pet(s) listed above. I assume responsibility for all charges incurred in the care of this animal(s). I understand that every reasonable effort will be made to provide for successful treatment. However, due to the nature of some conditions, no guarantee can be made of successful treatment. I understand charges are to be paid at the time of services and a deposit may be required prior to treatment. I also agree to pay a non-sufficient funds (NSF) fee for any returned check.

\_\_\_\_\_  
Signature of Owner or Responsible Party

\_\_\_\_\_  
Date