



Martin's Point Veterinary Hospital

6405 N. Croatan Hwy. • Kitty Hawk, NC 27949
Phone: 252-261-2250 • Fax: 252-261-PETS

Patient/Client Information Form

Owner's Name #1:	Owner's Name #2:
Home Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
Preferred Contact #:	2nd Preferred Contact #:
E-mail:	May we contact you via E-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	
Business Phone:	If needed may we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse's Employer & Phone:	
Previous Veterinarian & Phone:	
How did you hear of our hospital? <input type="checkbox"/> Online <input type="checkbox"/> Drive-by <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Individual: Who may we thank? _____	<input type="checkbox"/> Realtor: Who may we thank? _____
Emergency Contact & Phone (if different from above):	

***We will gladly prepare a written estimate if you desire.
Please ask the receptionist or doctor.***

Professional Fees are Due Upon Release of Patient.

Thank you for giving us the opportunity to care for your pet(s)!

***Any amount more than 30 days past due is subject
to a 2% interest fee per month until paid in full.***

Owner Signature #1: _____ Date: _____

Owner Signature #2: _____ Date: _____

Pet Information & Medical History

(Please complete for each pet)

Name of Pet:				
Species (dog, cat, etc.):				
Breed:				
Description (color):				
Sex:				
Date of Birth:				
Spayed or Neutered:				
Microchip #:				

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