

<date>



## Animal Hospital of Signal Mountain Patient/Client Information

Thank you for giving us the opportunity to care for your animal(s). Please help us better meet your needs by taking a few moments to fill out both pages of this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Driver's License# \_\_\_\_\_ E-mail Address \_\_\_\_\_

Spouse's/Other's Employer Name & Address  
\_\_\_\_\_

At What Time \_\_\_\_\_ And At What Phone # \_\_\_\_\_ Is It Best to Call About Your Pet?

In Case of EMERGENCY (someone other than owner), Call \_\_\_\_\_ At Phone # \_\_\_\_\_

Preferred Method of Payment: ☐ Cash ☐ Check ☐ Credit Card

Name of Previous/Current Veterinarian: \_\_\_\_\_

How did you hear of our hospital? \_\_\_\_\_

How Would You Like To Be Reminded of Future Recommended Preventive Health Care Services for your animal(s)? Please choose one.

☐ E-mail or ☐ Mail ☐ Both Mail and E-mail

**To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.**

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the next page and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. If I neglect to pick up my animal within 5 days of the discharge date and do not notify you within that time period, you may assume that my animal is abandoned and are hereby authorized to dispose of my animal as you deem best and/or necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_