

## INFORMATION UPDATE

DATE \_\_\_\_\_

STAFF \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Employer \_\_\_\_\_

Email Address (for reminders, health alerts, etc) \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Employer \_\_\_\_\_

Do you still own all the pets that the hospital has seen in the past? Y or N

If no, who is not a part of your household and why?

\_\_\_\_\_

Do you own any other pets that have not been to the hospital yet? Y or N

If yes, please request a pet information sheet from our receptionist.

It is our policy that payment is due at the time of service. We are sorry that we are unable to provide billing to our clients. It is also our policy that a deposit is required for all new clients or hospitalized patients. I the above, authorize any treatment deemed necessary by the Animal Hospital at Vista Lakes. Please sign that you understand the above policy.

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