

**Owner Information**

Owner \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle Initial  
(Please Print)

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Social Security# \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

We use your e-mail address to send reminders and promotions

Employer Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

**FAH cannot open an account under a minor. Owners must be 18 years of age or older**

Co-Owner Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Any other people authorized to make treatment decisions? \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Animal Information**

Dog/Cat	Name	Breed	Color	Spay/Neuter	Sex	DOB

**Health and Vaccination Information**

Please give our receptionist any health or vaccination history so that it can be given to your veterinarian.

**Payment Information**

*Professional fees are to be paid at the time services are rendered. Client will be responsible for a 1.5% monthly finance charge on accounts over 30 days and any collection fees on accounts over 90 days. A \$3.00 monthly billing fee also applies to past due accounts.*

Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**Let us know how you heard about us:**

**Facebook or Twitter \_\_\_ Internet \_\_\_ Returning Client \_\_\_ Road Sign \_\_\_ Website \_\_\_**

**If someone referred you, please let us know so that we may thank them \_\_\_\_\_.**

**Payment in FULL is expected at the time of service.**