

# VILLAGE ANIMAL HOSPITAL NEW CLIENT INFORMATION FORM

Welcome to Village Animal Hospital! Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both parts of this information sheet.

Your Name/Title: \_\_\_\_\_ . Spouse/ other: \_\_\_\_\_ .

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

Home Telephone: \_\_\_\_\_ . Your Work Telephone: \_\_\_\_\_ .

Your Email Address: \_\_\_\_\_ . Spouse/Other Email: \_\_\_\_\_ .

Your Employer: \_\_\_\_\_ . Employer Telephone: \_\_\_\_\_ .

Spouse's Employer: \_\_\_\_\_ . Employer Telephone: \_\_\_\_\_ .

Your Driver's License Number: \_\_\_\_\_ . State of Issue: \_\_\_\_\_ .

In case of EMERGENCY, please call: \_\_\_\_\_ .

## How did you first learn of our hospital?

Hospital Sign  Direct Mail Brochure  Yellow Pages  Website

Referred By \_\_\_\_\_ .

**WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES UPON REQUEST.**

**We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard. We charge a \$25 fee for all returned checks.**

**I UNDERSTAND PAYMENT IS DUE WHEN SERVICES ARE RENDERED AND DEPOSITS MAYBE REQUIRED ON PETS THAT ARE ADMITTED TO THE HOSPITAL.**

SIGNATURE: \_\_\_\_\_ . DATE: \_\_\_\_\_ .

**Please List Individual Pet Information On The Next Page Of This Form**

PET # 1

PET # 2

PET # 3

<b>Name</b>			
Cat or Dog?			
Breed			
Description/color			
Age			
Date of Birth			
Sex/ Altered			
Microchip #			
Length of time owned?			
How was pet obtained?			
<b>Previous Hospital/Vet or number we can call for your pets'</b>			
<b>Vaccination History?</b>			
Groomer/Kennel used so we can send updated vaccine history?			
Current Medications			
Special Diet			
Prior Illness/Accidents			
Prior Surgery/Dental			
Allergies (meds or vaccines?)			

Other Info (Please tell us of any other information we should have to best assist you and your pets.)