

HOWDERSHELL ANIMAL CLINIC

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet. State and Federal law requires you must be 18 to complete this form.

Owner's Name: _____ Spouse: _____

Owner's Social Security Number: _____ Spouse SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Employer's Name & Address: _____

Spouse's Employer Name _____ Phone # _____ Cell Phone # _____

Driver's License #: _____ Email Address: _____ Birth date: _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor.
Professional fees are due at time services are rendered.

Name of Previous/Current Veterinarian: _____

How did you hear of our clinic?

- Individual, Someone We May Thank: _____
- Yellow Pages or another telephone directory
- Location
- Another Clinic; If so, which? _____
- Internet
- Other, please state: _____

To prevent the spread of infectious disease, ALL hospitalized animals should be current on all vaccination.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS AND 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 clinic care and handling. I hereby authorize this clinic to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the clinic or the service is otherwise terminated. I agree to pay for the costs of collection in the event that collection efforts become necessary. This fee will be 35% of the unpaid balance. **I understand that a service fee of \$25.00 will be assessed for each non-sufficient funds check.** All accounts unpaid after 30 days receive a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage of 18.00% with a minimum monthly charge of \$1.00.

Signature _____

Date _____