

# DELLS ANIMAL HOSPITAL

## CLIENT INFORMATION

Thank you for giving us the opportunity to care for your pet!

**\*\*PLEASE PRINT CLEARLY\*\***

DATE \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ SPOUSE/PARTNER NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ SPOUSE CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ALTERNATE ADDRESS: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_ \*SPOUSE EMAIL: \_\_\_\_\_

**\* FOR VACCINE REMINDERS AND CLIENT HOSPITAL COMMUNICATION ONLY**

**\*\*\*ALL FEES ARE DUE AT TIME OF SERVICES RENDERED.\*\*\***

PLEASE INDICATE CHOICE OF PAYMENT: CASH CHECK CREDIT CARD

IF PAYING WITH **CHECK** OR **CARD**, PLEASE FILL OUT THE FOLLOWING INFORMATION:

DRIVER'S LICENSE NUMBER:

SPOUSE DRIVER LICENSE NUMBER:

\_\_\_\_\_

\_\_\_\_\_

PATIENT/PET INFORMATION:

NAME	CAT	DOG	BIRTHDATE	SEX (M/F)	BREED	COLOR

I hereby authorize the veterinarian to examine, prescribe for, and treat my animals. I assume responsibility for all charges incurred in the care of my animals. I also understand that payment is DUE AT THE TIME OF SERVICE. I have read and understand this policy and I accept responsibility for all fees.

Signature of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_