

York Animal Hospital

Patient/Client Information

Thank you for giving the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: _____ Spouse/Other : _____

Address: _____ City _____ State _____ Zip: _____

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

E-Mail: _____

Employer's Name & Address: _____

Spouse's/Other's Employer Name & Address: _____

At what time _____ and at what phone # _____ is it best to call about your pet?

In case of EMERGENCY, call _____ at phone # _____

Pet's: Name and breed _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist, technician or a doctor. Professional fees are due at time services are rendered. If you wish to pay by check card, please complete the following.

Preferred Method of Payment: Cash Check MasterCard / Visa

Name of previous/current Veterinarian: _____

How did you hear of our hospital?

- Individual, someone we may thank? _____
- Yellow pages, or another telephone directory?
- Hospital Sign?
- Another hospital, If so, which? _____
- Other, please state: _____

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. There will be a service charge for any check returned unpaid.

Signature _____ Date _____