

SALTY PAWS VETERINARY HOSPITAL

CLIENT INFORMATION SHEET

Welcome, Thank-you for visiting our hospital. Please complete the following information.

Today's Date _____ E-mail address _____ @ _____

Name _____
First Initial Last

Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Spouse/Partner _____
First Initial Last

Place of Employment _____ Work Phone _____

Cell Phone _____

In case of emergency, alternate contact (other than owner):

Name _____ Phone _____

How did you hear about our facility? (Circle) Friend Yellow Pages Hospital Sign

Who may we thank for telling you about us? _____

Has your pet been to a veterinarian before? Yes No

If yes, is there a reason for changing? _____

What type of flea control are you using? None Frontline Advantage Revolution

What type of heartworm prevention are you using? Heartgard Interceptor Sentinel

Revolution

Not using recently or missed doses, comments: _____

Full payment is required upon rendering of services. We accept cash, personal check or credit card. Deposits are required on major medical or surgical cases. Monthly interest fees will be applied to all accounts over 30 days. Collection/attorney fees will be the responsibility of the account holder.

Signature of Owner/Authorized agent _____

Driver's License #/State _____

Thank you for allowing us to provide health care for your pet. We hope you are pleased with our services and facility. Let us know how we can be of help to you.