

# CLIENT INFORMATION

## GRAFTON 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 share some important information we will need as we support your pet's needs today and in the future.

**PLEASE PRINT ALL INFORMATION.**

Owner's Name: \_\_\_\_\_ Spouse/Friend Name: \_\_\_\_\_

Address: \_\_\_\_\_ County pet resides in \_\_\_\_\_

Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone:(Mr/Ms) \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_ Spouse/Friend Work Telephone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email Address: \_\_\_\_\_

I prefer to be contacted by: (Please rank 1-4) \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Driver's License Information: State: \_\_\_\_\_ ID Number: \_\_\_\_\_

In case of emergency, please call \_\_\_\_\_ at Telephone #: \_\_\_\_\_

**How did you first hear about our hospital? (Please Circle One):**

Internet?Website      Yellow Pages      Sign      Individual      Other: \_\_\_\_\_

If you were referred to us, whom can we thank? \_\_\_\_\_

(Referring Clients receive a Gift)

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We will gladly prepare a written estimate prior to treatment, please ask a Doctor or Receptionist. We accept Visa, MasterCard, American Express, Discover, or Cash. Credit is also offered thru a charge card call "Care Credit."(Please ask Receptionist for Details). A billing charge of 1.8% per month (21.6% annually) will be charge on all accounts after the first thirty (30) days. Minimum billing charge is \$8.00 per month. There is a \$35.00 return check fee on all checks returned from the bank for non-payment.

Upon non-payment or any other default, all obligations due hereunder and collection cost, including attorney's fees of 33% and court costs, shall become due and payable at once.

To prevent the spread of infectious diseases and parasites, it is hospital policy that all hospitalized and boarded animals must be current on all vaccines and free of internal and external parasites. Animals whose vaccine status cannot be verified (from an animal hospital record) or who have parasites will be tested and treated at the owner's expense. Failure to show for a medical, boarding, or grooming appointment without 48 hours prior notice of cancellation may result in a missed-appointment fee equivalent to the current fee for the missed service.

I have read and understand the above policies. I authorize the doctors/staff at Grafton Animal Hospital to provide vaccines and parasite control as needed for my pet.

Signature of Responsible Party (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Receptionist Initials: \_\_\_\_\_

CAT/DOG / OTHER	PET'S NAME	BREED	DOB	SEX	COLOR/ DESCRIPTION