



Old Hatchie Veterinary Clinic

New Client Information

Information Must Be Complete

Date: _____

Owners Name: _____

Spouse/Other: _____

Social Security #: _____ Drivers License #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES!

Owners

Home Phone: _____ Work Phone: _____ Employer: _____

Pager #: _____ Mobile Phone: _____ Email: _____

What time is the best time to call about your pet? _____ at what Phone Number? _____

In case of Emergency, call _____ at Phone # _____

How did you become aware of our Clinic? Hospital Sign__ Yellow Pages__ VetLocator__ Website__ Other__

Pet Information

Pet's Name: _____ Species _____ Breed _____

Color _____ Date of Birth _____ Male ___ Female ___

Neutered? ___ Yes ___ No Spayed? ___ Yes ___ No

Name of Previous/Current Vet: _____

Is your pet currently receiving any medication? _____

Does your pet have any known drug allergies? _____

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Method of payment: _____ Cash _____ Check _____ Credit Card

I understand every effort will be mad to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for treat or perform surgery upon the pets listed above. Furthermore I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is other wise terminated. I agree to pay for the reasonable cost of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature _____ Date _____