



CLIENT INFORMATION



Name : _____ Date: _____

Spouses Name : _____

Mailing Address : _____

Street Address : _____

Email Address : _____

Home Phone Number : (_____) _____ - _____

Cell Phone: (_____) _____ - _____

Workplace : _____ Work Phone : _____

Spouses Workplace : _____ Work Phone : _____

Drivers License No. : _____ - _____ - _____ Social Security No. : _____ - _____ - _____

Preferred Method of Communication - _____

PATIENT INFORMATION

Patient's Name : _____ Birth Date : _____

Species: (Dog, Cat, Bird) _____ Breed: _____

Color : _____ Sex : _____ Spayed / Neutered : _____

How did you hear about us or who referred you :

I hereby authorize the veterinarian to examine, prescribe for, and/or treat any animal I bring to Emmitsburg Veterinary Hospital. I assume responsibility for all charges incurred in the care of any animal(s) treated that I bring in. I also understand that these charges will be paid **IN FULL** at the time of release and that a 50% deposit is required for hospitalization and/or surgical procedures.

A written estimate will be provided. (Upon Request)

I also understand that Emmitsburg Veterinary Hospital, Inc. does maintain a “**NO BILLING**” policy. By signing this document, I am agreeing to pay my balance, in full. If I fail to do so I understand my balance shall be considered in default, with interest finance charges, with the addition of any or all collection and/or attorney fees necessary to collect the full amount due to Emmitsburg Veterinary Hospital, Inc. In addition, any and all phone numbers (home, work and cell) can and will be used for collection purposes

I have read the above statement, understand and agree to the terms : _____ (SEAL)

We accept the following forms of payment:



Care Credit Personal Checks, Cash