



NEW CLIENT & PET INFORMATION

Owner's Name _____ Date _____

Address _____
street address City State Zip

Home phone _____ Cellular/pager _____

Employer _____ Occupation _____

Work Phone _____ ext # _____ May we phone you at work? _____

Spouse/Other Name _____ Spouse work phone _____

In case of emergency, please call _____ Phone _____

E-mail address _____ May we email you? _____

How did you hear about us? Referral Advertising Other _____



Pet Information

Pet's name _____ Age _____ Sex: male female spay neutered

Dog Cat Bird Ferret Reptile Other _____ Breed _____

Color _____ Current medical problems? _____

Current medications _____

Pet Insurance Carrier _____

Previous Veterinarian(s) for past records _____

Would you like to be present during your pet's exam/treatments? _____

I authorize the release of veterinary information to Animal Avian Hospital of the Village representatives.

Signature of owner or responsible party _____
(For additional pets, go to second page)

Payment Information

Full payment is due at time of release. We accept cash, check, credit card, debit card. A deposit may be required in cases of emergency hospitalization or surgical treatment. The **bold** information is required for check acceptance. With your permission, we can keep a credit card# on file for you. Any unpaid balance will be subject to a 1.5% per month service charge. I assume responsibility for all charges incurred in the care of my pet(s).

Party responsible for payment _____

SSN _____ TDL# _____ Date Of Birth _____

Credit Card: Visa MC AmEx Discover Acc# _____ Exp Date _____

Name on Card _____

Signature of owner or responsible party _____



CLIENT INFORMATION / ADDITIONAL PETS

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