



All Pets Animal Hospital Client Information Sheet

Thank you for allowing us to care for your animal companions. Please help us to better meet your needs by taking a moment to complete this information sheet.

Date: _____

Owner's Name: _____ Spouse/Other: _____
(last) (first)

Street Address: _____ City: _____ State: _____ Zip: _____

Primary Telephone: (____) _____ Secondary Telephone: (____) _____

Work Phone: (____) _____ Sig. Other's Phone: (____) _____

Primary E-mail Address: _____ *This address is for reminders and hospital information only.*

Emergency Contact: _____ Phone: (____) _____

**All Pets Animal Hospital will attempt to keep you informed of your pet's condition while he/she stays with us. A current phone number will help us greatly in our effort to keep you informed. Please feel free to call us for updates, as well!*



Please Read:

- *A written estimate will be prepared for all major procedures and will be gladly provided upon request.*
- *Note that we are not a 24-hour facility and are not staffed overnight. If your pet needs overnight hospitalization, we will be happy to refer you to a 24-hour facility.*
- ***FEES ARE DUE AT THE TIME SERVICES ARE RENDERED AND A DEPOSIT MAY BE REQUIRED BEFORE PROCEDURES ARE PERFORMED. ALL CHECKS WILL BE SUBJECT TO ELECTRONIC PROCESSING.***
- *Checks returned for Non-Sufficient Funds will be subject to a \$25 fee.*
- *Please complete the following if you plan to pay by check or credit card:*

Drivers License (required for check payments): _____ Exp. Date: _____
(State) (Number)

**If you would like us to keep a credit card on file, please notify our front office staff during your appointment. For reasons of personal security, we will not keep paper copies of credit card numbers.*



How did you first hear of our hospital?

- Individual; someone we may thank? _____ Hospital Sign
- Yellow Pages Website/Search Engine: _____ Other: _____

I certify that the above information is correct to the best of my knowledge.

I understand that veterinary medicine is a practice and that no treatment guarantees a cure or definitive diagnosis. I understand that payment is due when services are rendered, regardless of outcome. I will notify the veterinarian of any conditions that my pet has which may affect his/her treatment.

Signature: _____ Date: _____

At All Pets Animal Hospital we strive to treat every client and patient as we would our own family members. Please feel free to ask any questions or voice any concerns you may have!