

UPDATED: _____

HIRAM ANIMAL HOSPITAL

PLEASE PRINT

CLIENT ID NUMBER: _____

OWNER NAME: _____ YOUR DATE OF BIRTH _____

MAILING ADDRESS: _____ CITY _____ ZIP _____

STREET ADDRESS: _____ CITY _____ ZIP _____

COUNTY OF RESIDENCE: _____

HOME PHONE: _____ EMPLOYER _____ WORK PHONE _____

SPOUSE'S NAME: _____ SPOUSE'S DOB ____/____/____

SPOUSE'S WORK PHONE# _____ SPOUSE'S EMPLOYER _____

(BOTH OF THE BELOW MUST BE PROVIDED :)

DRIVER'S LICENSE #

SOCIAL SECURITY #

METHOD OF PAYMENT: CASH _____ CHECK _____ VISA _____ MASTERCARD _____ DISCOVER _____

PET INFORMATION:

LAST VET USED: _____ PHONE _____

PET'S NAME: #1 _____ #2 _____ #3 _____ #4 _____

CHECK ONE: DOG _____ CAT _____ BIRD _____ OTHER _____ SEX: M _____ F _____

SPAYED? YES _____ NO _____ NEUTERED? YES _____ NO _____

BREED _____ COLOR _____ AGE _____

WEIGHT _____ PAST HISTORY _____

DATE OF LAST VACINATION (S): _____

REASON FOR VISIT: _____

IF YOU WERE REFERED TO US, PLEASE LIST BY WHO _____

HOW DID YOU HEAR ABOUT US? AD _____ FLYER _____ PHONE BOOK _____ T.V. _____

OTHER _____

If you anticipate others using your account, we **MUST** have the name of each individual you are authorizing to use your account – **THIS INCLUDES ALL FAMILY MEMBERS**: I do hereby authorize and assume **ALL** financial responsibility for _____ and _____ to use my account at any time. If at any time I want someone removed from authorized use, I **MUST** mail a handwritten form stating such to Hiram Animal Hospital.

I understand and agree to the policy of Hiram Animal Hospital that **PAYMENT IS EXPECTED AS SERVICES ARE RENDERED**, and that a **DEPOSIT MAY BE REQUIRED** upon admission to the hospital for **TREATMENT, BOARD, OR SURGERY**.

SIGNATURE: _____

EMAIL ADDRESS: _____