

Welcome to Southwest Pet Hospital!

New client information

Thank you for giving us the opportunity to care for your pet. To insure the best possible care for your pet, please take the time to complete the information requested below.

NAME: Please circle one: Mr. / Mrs. / Ms. / Dr. _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBERS: Home: _____ Cell: _____ Work: _____

Fax: _____ Other: _____

EMERGENCY CONTACT (In the event we are unable to reach you): _____ PH _____

E-MAIL ADDRESS (if you would like to be contacted via E-mail) _____

PLACE OF EMPLOYMENT _____

PLEASE NOTE: Payment is due when estimate is presented and/or when services are rendered.

We accept personal checks (in state only), Visa, MasterCard, Discover, Traveler's Checks and Cash. Photo ID is required for all forms of payment other than cash. Personal checks require an Arkansas Driver's license and a Social Security number. We **do not** accept business checks or 2 party checks (unless authorized by management).

Social Security # _____

ARKANSAS DRIVER'S LICENSE # _____

BANK _____

Please present your Driver's license to the receptionist to be photocopied if you would like to pay by check.

PET INFORMATION:

Pet's Name _____ Cat or Dog Sex: M F (Neutered or Spayed?)

Date of Birth _____ Breed _____ Color _____ Last Vaccinated: _____

Pet's Name _____ Cat or Dog Sex: M F (Neutered or Spayed?)

Date of Birth _____ Breed _____ Color _____ Last Vaccinated: _____

VACCINE INFORMATION: If you have records at another hospital we can request them if you indicate which hospital: _____

HOW DID YOU HEAR ABOUT OUR HOSPITAL?

Friend (someone we may thank?) _____

Yellow Pages Sign Walk-in Live Close Online SWPH Website Newspaper

Existing SWPH Client Facebook/Petfinder Other (please specify) _____

I authorize Southwest Pet Hospital to treat my pet(s), and agree to accept full financial responsibility for veterinary care provided. Payment is expected in full when services are rendered.

Signature: _____ Date: _____

For Office Use Only:

Name/Address _____ All Ph # _____ Email _____ D/L _____ Referral Source _____ Records _____ Reminders _____ Postcard _____

Account # _____ Staff Initials _____