

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 Number: Home: _____ Cell: _____ Other: _____

Email Address: _____

Place of employment: _____

Secondary Owner / Emergency Contact Name: _____

Secondary Owner / Emergency Contact Phone Number: _____

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).

Driver's License # _____ Client D.O.B. _____ SSN _____

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

PET INFORMATION:

Name _____ Dog _____ Cat _____ Sex: M _____ F _____ Neutered _____ Spayed _____

DOB: _____ Breed _____ Color _____ Last Vaccinated: _____

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DOB: _____ Breed _____ Color _____ Last Vaccinated: _____

Medical Information: If you have records at another hospital, please indicate which hospital:

HOW DID YOU HEAR ABOUT OUR HOSPITAL?

☐ Friend or Family Member (someone we may thank?) _____

☐ Sign ☐ Walk-in ☐ Sign ☐ Live Close ☐ Online Search ☐ SWPH Website ☐ Google Ads

☐ AI Aided Search ☐ Social Media ☐ Other (please specify) _____

- I authorize SWPH to use my phone number for: text reminders, PetDesk, and pet health information.
Please check: _____ Yes or _____ No
- I authorize SWPH to use my email address for: email reminders, PetDesk, and pet health information.
Please check: _____ Yes or _____ No
- I hereby grant SWPH permission to use my family and pet's photo(s) on its social media, and in clinic software.
Please check: _____ Yes or _____ No

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 _____