Welcome to Southwest Pet Hospital!

New client information

Thank you for giving us the opportunity to care for your pet. To ensure 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 services are rendered. Deposits may be required and will be discussed in advance.

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: _____

Name _____ Dog___ Cat ___ Sex: M___ F___ Neutered____ Spayed____

DOB: _____ 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?

☐ Existing SWPH Client *(someone we may thank?)* _____

☐ Friend ☐ Yellow Pages ☐ Sign ☐ Walk-in ☐ Live Close ☐ Online ☐ SWPH Website

☐ Facebook/Petfinder ☐ Newspaper ☐ 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*** _____