

CLIENT INFORMATION FORM

Name: Mr./Mrs./Ms. _____ Spouse or Co- owner _____

(Only the owners listed above are able to authorize medical treatment)

Street Address _____ APT # _____

City/State _____ ZIP _____

Home Phone (_____) _____ Cell Phone (_____) _____

Alternate Phone (_____) _____ Spouse Cell Phone (_____) _____

Email Address _____ Employed By _____

Emergency Contact _____ Phone # _____

How did you hear about us?

Yellow Pages ____ Sign ____ Website ____ Facebook ____ Referred by _____

PET INFO

Name _____ Breed _____ Color _____

Date of Birth ____/____/____ or estimated age _____ Sex _____ Spayed/Neutered Y/N

Proof of rabies vaccination is required before treatment of any pet. If your pet is not currently vaccinated Colony Animal Hospital will require rabies vaccination as part of treatment..

- I understand that by signing this form I am agreeing to pay for the services and products that my pet receives.
- I understand that I may request a written estimate of fees prior to any care provided.
- I understand that payment in full is expected when treatment is performed or your pet is released from the hospital. Payment may be cash, check or Credit Card.
- I understand that in case of an emergency hospitalization, deposit arrangements must be made with the receptionist.
- I understand that I am liable for any court costs or other fees, including attorney's fees, incurred during the collection of my debts owed to this hospital.
- I understand that Colony Animal Hospital does not store, in any way, credit card numbers, photo IDs, or any other form of payment for future use. Payment is expected at time of treatment.
- Do we have your permission to share your pet's image and story on our social media and/or website? Your name and personal information will never be shared; we only use your pet's first name. (circle one) **YES / NO**

Client Signature

Date