

CLIENT INFORMATION

PLEASE FILL OUT COMPLETELY

PLEASE PRINT

Last Name: _____ First Name: _____

Spouse's Name: _____

Address: _____ City, State, Zip: _____

Home phone (area code): (____) - _____ Other: _____ (Work / Cell)

Spouse's phone (area code): (____) - _____ (Work / Cell)

PATIENT INFORMATION

Pet Name: _____ (circle which): **Dog** **Cat** **Other**

Breed: _____ Color: _____

Date of Birth or Age: _____ Sex (circle): **M** **F** Is your pet neutered/spayed **Y** **N**

On heartworm preventative: **YES** **NO** On flea preventative?: **YES** **NO**

Previous Veterinarian and Clinic name if applicable: _____

How did you learn about Old Town Animal Hospital? (You may check more than one option)

Internet/Website Location/Sign Other
Referral from a friend Yellow pages

If you were referred by a friend would you mind giving us their name so we may send them a thank you?

For timely news and reminders or public health information would you allow us to e-mail you at home? **Y** / **N**

Would you agree to have pre-appointment (day before) reminders delivered by e-mail? **Y** / **N**

If you answered yes to either of the above questions please provide the best e-mail _____

Do you have a different, preferred service / social network that you want us to use, such as Facebook, Myspace, Twitter etc.?

If so please include here _____

I understand all payments are due at the time of service and that any balance that remains unpaid will be subject to

Collections and applicable fees. Signature _____ **Date:** _____