

Crepe Myrtle Animal Hospital, PA

Chart # _____

Thank you for giving Crepe Myrtle Animal Hospital, PA the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Client Information

Dr./Mr./Mrs./Ms. _____
(Last Name) (First Name) (Middle Initial)

Spouse's Name _____
(Last Name) (First Name) (Middle Initial)

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

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

Place of Employment _____ Work Phone (_____) _____ - _____

Spouse's Employment _____ Spouse's Work (_____) _____ - _____

Email _____

Driver's License # _____ State _____ Date of Birth ____/____/____
(required)

How did you hear about our hospital? Phone Book _____ Hospital Sign _____ Internet _____ Other _____
Were you referred by a client of ours? No _____ Yes _____ Their name _____
(so we may thank them)

Patient Information

	Pet 1	Pet 2	Pet 3	Pet 4	Pet 5
Name	_____	_____	_____	_____	_____
Species	_____	_____	_____	_____	_____
Breed	_____	_____	_____	_____	_____
Age/DOB	_____	_____	_____	_____	_____
Color	_____	_____	_____	_____	_____
Gender	_____	_____	_____	_____	_____
Spayed/Neutered	_____	_____	_____	_____	_____

Have any of your pets been seen by a veterinarian before? If so, which vet? _____

Would you like to be present during the treatment of your pets? No _____ Yes _____

Payment is expected at the time services are rendered. We accept payment by cash, local check*, Visa, MasterCard, Discover, American Express, and Care Credit.

***Your driver's license must be presented each time a check is presented for payment of services. All checks will be verified through Equifax. There will be a service charge of \$30.00 for any returned checks.**

Please Sign: I agree that I am financially responsible for the above listed pets and agree to pay all fees incurred at time of treatment. This agreement is in force from this date until I notify the hospital in writing to the contrary.

Signature _____ Date _____