



# NEW CLIENT INFORMATION

Welcome to Pet Lovers Animal Hospital. Please help us provide you and your pets with the best care possible by completing the information on this form

Mrs.  Mr.  Dr.  Ms.

Your Name \_\_\_\_\_ Spouse / Partner \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Other Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**How did you hear about us?**  Hospital Sign  Referred by  Newspaper  Website

Driver's License number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

If we are unable to reach you, who may we contact in case of emergency?

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Pet Name** \_\_\_\_\_ **Species**  Canine  Feline **Breed** \_\_\_\_\_

**Age** \_\_\_\_\_ **Color** \_\_\_\_\_ **Sex**  Male  Female **Neutered**  Yes  No

**Presenting Problem/ Special Needs/ Concerns** \_\_\_\_\_

### Save Time & Money

Yes! I'm interested in learning about substantial savings on the best care for my pet through Pet Lovers Membership Program!

### Method of Payment Today

For your convenience, at the time we perform services, we accept credit card and check with driver's license.

Cash  Check  MC/Visa  Discover  Debit

I hereby authorize Pet Lovers Animal Hospital to render medical care for my pet(s) as deemed necessary by the veterinarian. I understand that no guarantee can be given to the outcome of treatments and take it as my responsibility to comprehend any risks involved. I agree to pay for the cost of all services to which I consent to by written or verbal estimate. I understand that payment is required in full before diagnostics and treatments can be initiated.

Signature \_\_\_\_\_ Date \_\_\_\_\_