

Shelby Center Hospital for Animals

Client and Patient Information Sheet

Client Information

First Name: _____ Last Name: _____

Title (Mr., Ms., Mrs., Rev., Dr.): _____ Spouse's Name: _____

Address _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ (We will NOT share email addresses)

Employer: _____ Occupation: _____

For check writing privileges, please provide your Driver's License #: _____

Emergency Contact _____ Relationship _____

Phone: _____ Address: _____

How did you become aware of Shelby Center Hospital for Animals?

☐ Veterinarian Referral ☐ Friend Referral

Whom may we thank: _____

☐ Yellow Pages ☐ Hospital Sign ☐ Website (shelbycenter.com) ☐ Other

Patient Information:

Patient Name	Species	Breed	Color	Approx Age or DOB	Sex	Spayed/Neutered?
1. _____						
2. _____						
3. _____						

Does your pet have any health history or conditions we should know about? _____

If so please explain: _____

I, the undersigned, do hereby authorize such treatment and/or such surgical procedures as are medically indicated, including the administration of anesthetics as are deemed necessary. I assume financial responsibilities for all charges incurred to the patient. ***All payment is due when services are rendered.*** In the event of default, the undersigned agrees to pay a monthly billing fee of \$3.50 plus 1.5% of all unpaid balances and all collection costs involving attorney fees and any collection agency cost. For your convenience we accept Cash, Checks, Visa, MasterCard, Discover, American Express and CareCredit

Client Signature _____ Date: _____

