

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 Name: _____ 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** _____ **Sex:** _____
Spayed/Neutered? _____ **or DOB:** _____

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 responsibility 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 costs. For your convenience, we accept Cash, Checks, Visa, MasterCard, and Discover.

Client Signature: _____ Date: _____