CLIENT NUMBER ___________
(OFFICE USE ONLY)

SCOTT MILL ANIMAL HOSPITAL
NEW CLIENT INFORMATION

OWNER'S NAME ____
HOME PHONE _____________ CELL PHONE ________________
ADDRESS ____
CITY ______________________ STATE ______ ZIP CODE ______
PLACE OF EMPLOYMENT _________________________________
WORK PHONE _______________ ext. ________
CO-OWNER'S NAME _______________________ PHONE _______
ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED
PLEASE INDICATE YOUR PREFERED CHOICE OF PAYMENT
( )CASH ( )CHECK ( ) VISA/MASTERCARD/DISCOVER/AMEX

E-MAIL ADDRESS ______________________________________

I hereby authorize Scott Mill Animal Hospital to perform such diagnostic, therapeutic, and surgical procedures as are, in their opinion, necessary and advisable for treatment and maintenance of my pet's health and well being.

The nature of such services has been described to my satisfaction and while I expect all procedures to be done to the best of the abilities of the professional staff, I realize that no guarantee, nor warranty, can be ethically or professionally made regarding the results or cure.

I also authorize the hospital director and the staff to provide veterinary service as requested or in emergency circumstances to follow through with such procedures as necessary for the well-being of my pet on a continuing basis until further advised in writing.

If it is necessary for you to file suit for the collection of any sums due you for services rendered under this agreement, I agree to pay all costs of collection therefore including a reasonable attorney's fee.

Signature and **Date** ____

WE WOULD LIKE TO KNOW HOW YOU BECAME AWARE OF OUR CLINIC?
( )LOCATION ( )SIGN ( )YELLOW PAGES ( )REFERRAL _______________
NAME

PET INFORMATION	#1	#2
NAME		
BREED		
DATE OF BIRTH		
COLOR		
SEX		
NEUTERED (YES OR NO)		

PLEASE LIST DIET, MEDICATION, HEARTWORM PREVENTION, FLEA CONTROL, OR OTHER PRODUCTS: ____
DO YOUR PETS HAVE ANY KNOWN ALLERGIES TO VACCINES OR MEDICATIONS? YES NO
IF YES DESCRIBE ____
ARE THERE ANY PREVIOUS ILLNESSES OR SURGERIES? ________________________