



Hartland Animal Hospital, PSC

CLIENT INFORMATION

Welcome To
Our Clinic

WE APPRECIATE THE OPPORTUNITY TO CARE FOR YOUR PET.
Professional fees are to be paid at the time services are rendered.



Date: _____ Reason for Visit: _____

Owner's Name _____ Co-Owner/Other _____
(Mr., Miss, Ms, Dr.) last first last first

Home Address _____
City State Zip

Mailing Address _____
City State Zip

If paying by check: DOB _____ Driver's License # _____

Home Phone _____ Work Ph. _____ Primary Cell Ph. _____

Secondary Cell Phone _____ E-mail Address _____

How would you like to receive messages for appointment reminders?

Regular Mail E-mail Phone call Text to Primary Cell Text to Secondary Cell

May we call you at work if necessary? Yes No

In case of a personal emergency, please call _____ Phone _____

HOW DID YOU FIND OUT ABOUT OUR HOSPITAL?

Individual. Whom may we thank for referring you? _____

Hospital Sign Google Facebook Website Yelp

Chamber of Commerce Hart Co. Chamber of Commerce Cave City

Phone Book Ad: TV Radio Other _____

PLEASE PUT ME ON YOUR NEWSLETTER LIST. Yes No

AUTHORIZATION

I Authorize Hartland Animal Hospital to examine, perform necessary treatments, and/or prescribe medications for my pet today. I realize that all charges incurred at this time and all visits are my sole responsibility, and that all fees are due at the time services are rendered. I also understand that credit will not be given for any services performed without prior approval from Care Credit. If surgery or hospitalization is necessary, I realize that a deposit may be required before I leave today for the prescribed treatment/procedure.

Signature

Date

"Your Other Family Doctor"