

Galilee Veterinary Hospital
Client Information
Please fill in all information

Last Name	First Name	Middle Initial	Date
Street Address and Mailing Address		City	State Zip
Email Address		Primary Phone	Secondary Phone
Employer (all employer information is required)		Occupation	
Business Address		Business Phone	
Spouse/Co-owner	Spouse Employer		Spouse Business Phone
How did you hear about our practice?		Facebook ___ Advertisement ___ Website ___ Sign ___	
Client Referral _____		Other ___ Where: _____	
Emergency Contact	Relation		Phone
Drivers' License Number _____			

PET INFORMATION

(1)	_____	___ Dog ___ Cat ___ Other: _____	___ Male ___ Female
	Pet's Name		
	Breed	Spayed/Neutered	Birth Date
	Microchip #	Previous Veterinarian, Phone Number, Location	
	<u>Yes / No</u>		
	Breed	Spayed/Neutered	Birth Date
	Microchip #	Previous Veterinarian, Phone Number, Location	
	<u>Yes / No</u>		
	Breed	Spayed/Neutered	Birth Date
	Microchip #	Previous Veterinarian, Phone Number, Location	

PAYMENT POLICY

All fees are due at the time services are rendered. We will gladly prepare a written estimate of service fees if you desire (please ask receptionist or technician). We accept cash, checks, Visa, Mastercard, Discover, and ATM/bank cards. There will be a service charge for any check returned unpaid. If writing a check, be prepared to submit the driver's license, place of employment with phone number of person on check, and current home street address/phone number. If unemployed or retired, you may be required to submit a valid major credit card to secure payment of a check. No out of state checks or counter checks will be accepted.

In cases where full payment may be difficult, we do offer Care Credit to qualified applicants. Care Credit is a revolving credit card account. All applicants and co-applicants must be present to apply. Care Credit application process takes approximately 10 minutes.

Signature of client responsible for pet(s)	Date
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