

Petcare Animal Hospital
2701 So. 7th Street, Terre Haute, IN, 47802

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please take a moment and verify that all the information is correct and fill in the remaining openings.

Date: _____

Client: _____ **Spouse/Other:** _____
Address: _____
Home Phone: _____ **Business:** _____
Phone: _____
Cell Phone: _____ **Emergency Phone:** _____
E-mail: _____
Employer's Name & Address: _____
Spouse's/Other's Employer's Name & Address: _____

Who else is responsible for your pet?

Name: _____ **Relationship:** _____
Address: _____ **City:** _____ **State/Zip:** _____
Home Phone: _____ **Cell Phone:** _____

We will prepare a written estimate if you desire. Please ask the receptionist or doctor.
Professional Fees are Due at the Time Services are Rendered

I agree that I am responsible for all collection and/or attorney fees incurred in recovering my balance:

Signature: _____ **SSN/DLN:** _____ - _____ - _____

How did you hear about us?

Yellow Pages AAHA Referral Hospital Sign
 Veterinary Practice Individual Other _____

Name of person or Veterinary practice that referred you to us _____
Address _____ City/State/Zip _____

Do you have pet insurance? Yes No

Pet Insurance Company _____ Policy Number _____
Pet Insurance Agent _____ Agent's Number _____

To prevent the spread of infectious diseases and parasites, hospitalized, boarded and groomed animals must be current on all vaccines and free of internal and external parasites.

I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature: _____