

**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 <b>(all employer information is required)</b>		Occupation	
Business Address		Business Phone	
Spouse/Co-owner	Spouse Employer	Spouse Business Phone	
<b>How did you hear about our practice?</b>		Facebook ___ Advertisement ___ Website ___ Sign ___	
Client Referral _____		Other ___ Where: _____	
Emergency Contact	Relation	Phone	
Drivers' License Number _____			

**PET INFORMATION**

(1)	Pet's Name	___ Dog ___ Cat ___ Other: _____	___ Male ___ Female
	Breed	Spayed/Neutered <span style="margin-left: 20px;"><u>Yes / No</u></span>	Birth Date      Color
(2)	Pet's Name	___ Dog ___ Cat ___ Other: _____	___ Male ___ Female
	Breed	Spayed/Neutered <span style="margin-left: 20px;"><u>Yes / No</u></span>	Birth Date      Color

**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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