

Pottsgrove Animal Hospital
1361 C. Farmington Avenue, Pottstown, PA 19464
Telephone: (610) 326-8700

CLIENT INFORMATION SHEET

Owner Name: _____

Address: _____

Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

E-mail Address: _____

Do you wish to receive e-mail specials and reminders: Yes ___ No ___

How did you hear about our hospital:

Newspaper Ad ___

Brochure ___

Yellow Pages ___

Passing by ___

TV Ad ___

Referral by Friend ___ Referred by: _____

(The person who referred you will receive a discount for this referral on their next visit.)

I understand that the payment for all products and services provided to me and my pet by Pottsgrove Animal Hospital are due at the time services are rendered, unless other prior arrangements have been made by Pottsgrove Animal Hospital or its representatives.

Signature of Client: _____

I plan to pay: In cash ___ With personal check ___ By credit card ___