



PATIENT ID #

CLIENT INFORMATION

PLEASE PRINT: MR. _____ MRS. _____ MS. _____ DR. _____ DATE: _____
OWNER'S LAST NAME: _____ FIRST: _____
SPOUSE'S LAST NAME: _____ FIRST: _____
ADDRESS: _____
CITY: _____ Primary(Home/Cell/Work)circle one: _____
STATE: _____ ZIP: _____ Secondary(Home/Cell/Work)circle one: _____
E-MAIL: _____ Other# _____ : _____
Check box to decline email []
Emergency Contact-Name/Phone: _____

PET INFORMATION

PET'S NAME: _____
DOG: [] CAT: [] OTHER: _____ BREED: _____
MALE: [] FEMALE: [] COLOR: _____
NEUTERED: [] SPAYED: [] D.O.B./AGE: _____

VETERINARIAN INFORMATION:

NAME OF YOUR PREVIOUS VETERINARIAN & FACILITY: _____
TELEPHONE# _____

HOW DID YOU HEAR ABOUT OUR HOSPITAL?

INTERNET SEARCH _____ OTHER (PLEASE LIST) _____
FRIEND _____ (The person that referred you will receive Loyalty Reward Paw)

I hereby irrevocably consent to the use of any images in any and all marketing materials for Route 516 Animal Hospital (i.e. posting pet photos to our website and social media sites f, ,), authorized by Route 516 Animal Hospital.

(Please Sign) Yes _____ No _____

METHOD OF PAYMENT (Please circle one)



CASH

CREDIT CARD

CHECK*

*Check Writing Information: Valid Driver's License and Phone Number is REQUIRED when writing a check

OUR FINANCIAL POLICY

- 1. All services must be paid at the time of service. We accept cash, CareCredit, Visa, MasterCard and Discover.
*Personal checks are accepted from established clients only
2. A minimum of 50% is required in the form of a deposit for all major surgery and hospitalizations at the time of the hospital admittance.
3. A \$25.00 check fee is charged on all returned checks.
4. Payment in full is required at discharge.

I authorize the treatment of my pet by the team at Route 516 Animal Hospital and I understand that I am responsible for the payment of services when rendered.

Signature _____ Date _____

