

Shelby Center Hospital for Animals

Client and Pet Information Sheet

Client Information

Name _____
Last Name (Please give proper title: Mr., Mrs., Dr., Rev.) First Name and Spouse's first name

Address _____
Street Number and Name City / State Zip Code

Phone Number _____
Home Work Spouse's Work

Driver's License Number _____ Cell Phone _____
(For check writing purposes only)

When is the best time to reach you at home? _____ May we call you at work? _____

What is your occupation? _____ Where do you work? _____

Emergency Contact _____ Phone _____
Name and relationship to you

Address _____
Street Number and Name City / State Zip Code

How did you become aware of our hospital? (circle one) Yellow Pages * Hospital Sign * Personal

Recommendation, who may we thank? _____ Other _____

Pet Information

Pet's Name	Species (Cat or Dog)	Breed	Description/Color	Approx age or Date of Birth	Sex (Male/female)	Spayed/Neutered
1. _____						
2. _____						
3. _____						

Previous Medical Problems _____

I, the undersigned owner, do hereby authorize such treatment and/or such surgical procedures as are medically indicated, including the administration of anesthetics as are deemed necessary. I assume financial responsibilities for all authorized charges incurred to the patient. I also consent to the release of medical information. In the event of default, the undersigned agrees to pay a monthly billing fee of \$3.50 plus 1.5% of all unpaid balances and all collection costs involving reasonable attorney fees and any collection agency cost.

Signature of owner or responsible party

Date

