

MONTROSE ANIMAL HOSPITAL & PET HOTEL

CLIENT INFORMATION

DATE: _____ NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ SPOUSE'S NAME: _____

CITY: _____ STATE: _____ COUNTY: _____ ZIP: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

CELL PHONE SPOUSE: _____ OTHER PHONE (CELL/PAGER): _____

PET INFORMATION

PET'S NAME: _____ DOG: _____ CAT: _____ OTHER: _____

BREED: _____ MALE: _____ FEMALE: _____ AGE/DATE OF BIRTH: _____

COLOR/MARKINGS: _____

EXISTING MEDICAL CONDITIONS/ALLERGIES: _____

HAS THIS ANIMAL BEEN NEUTERED? _____ SPAYED? _____

IS PET ON HEARTWORM PREVENTION? YES: _____ NO: _____ TYPE: _____

PREVIOUS ANIMAL HOSPITAL/DOCTOR: _____ PHONE: _____

WOULD YOU LIKE REMINDER CARDS SENT TO YOU WHEN VACCINES ARE DUE? YES: ___ NO: ___

DO YOU HAVE ANY OTHER PETS? YES: ___ NO: ___

HOW DID YOU HEAR ABOUT US? _____

PAYMENT METHOD

CASH: ___ CHECK: ___ DRIVER'S LICENSE #: _____ STATE: ___ CREDIT CARD: ___

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

I have read, understand and agree that all services have to be paid in full at time services are rendered. There will be a \$28.00 service charge on all returned checks. In the event that the balance is not paid in full, I understand and agree that I am responsible for late fees or collection fees applied to the balance.

CLIENT (Please Print): _____

CLIENT SIGNATURE: _____