

Account No.: _____

**Thank you for giving Grassmere Animal Hospital the opportunity to care for your pet!
So that we may become better acquainted, please complete the following:**

Mr. **Mrs. Owner's:** _____ **Spouse's:** _____
Dr. Name LAST FIRST INITIAL Name FIRST INITIAL
Ms.

STREET ADDRESS APT. NO. CITY STATE ZIP Phone: _____

MAILING ADDRESS (IF DIFFERENT) CITY STATE ZIP E-mail Address: _____

Place of employment: _____ Title: _____ Phone: _____

Spouse's employment: _____ Title: _____ Phone: _____

Can we contact you at work? Yes No Can we contact spouse at work? Yes No

How did you become aware of our hospital? YELLOW PAGES CLINIC SIGN WEB SITE

PERSONAL RECOMMENDATION (whom may we thank?) _____

OTHER _____

Who else may we contact in case of emergency (friend or relative) Name: _____ Phone: _____

PET INFORMATION – PLEASE FILL OUT FOR EACH PET WITH YOU TODAY

	PET #1		PET#2	
PET'S NAME				
SPECIES (Dog, Cat, Rabbit, Other)				
SEX	MALE	FEMALE	MALE	FEMALE
HAS HE/SHE BEEN NEUTERED?	YES	NO	YES	NO
BREED				
COLOR				
BIRTH DATE OR ESTIMATED AGE				
CURRENTLY ON MEDICATION?	YES	NO	YES	NO
ANY DRUG / VACCINE ALLERGIES?	YES	NO	YES	NO
ANY PRIOR ILLNESS OR SURGERY?	YES	NO	YES	NO

PAYMENT POLICY

All fees are due and payable upon release of the patient. Please indicate your choice of payment:

CASH CHECK VISA MASTER CARD DISCOVER CARD

A DEPOSIT WILL BE REQUIRED FOR ANY PET LEFT AT THE HOSPITAL FOR MEDICAL TREATMENT OR BOARDING.

If you have any questions regarding this, please check with the receptionist.

Client signature: _____ Date: _____ Social security number: _____

Driver's licence number: _____ Expiration date: _____ Date of birth: _____