



**Central
Animal
HOSPITAL**

Welcome!

We're very pleased that you have chosen Central Animal Hospital for your pet's care. Please complete the following information below so that we may ensure accurate record keeping and better serve you.

Today's Date: _____

New Client Information

Client Name: _____

Spouse/Companion's Name: _____ Driver's Lic. No.: _____
 Street Address: _____ APT #: _____ Home Phone No.: _____
 City/State/Zip: _____ Cell Phone No.: _____
 Place of Employment: _____ Work Phone No.: _____
 E-mail address: _____ (we do not give out/sell email addresses)

How did you FIRST learn about us? (Check **ONE** box that tells how you FIRST heard of us)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Received Welcome Letter | <input type="checkbox"/> Drove by 1st, Saw Sign/Building | <input type="checkbox"/> Verizon Yellow Pg Book | <input type="checkbox"/> Internet Directory Search |
| <input type="checkbox"/> Placido Bayou Newsletter | <input type="checkbox"/> Shepherd's Guide | <input type="checkbox"/> Website | <input type="checkbox"/> Brighton Bay Newsletter |
| <input type="checkbox"/> Pet Pages | <input type="checkbox"/> NE Neighborhood News | <input type="checkbox"/> Returning Former Client | <input type="checkbox"/> Apartment Welcome Packet |
| <input type="checkbox"/> AAHA-Web referral | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Know Central Animal Hospital Employee | |

(Name): _____

Referred by friend, relative or organization (Name): _____

Tell us about your pet(s) ...

(Indicate below **DATE** of Last Immunizations)

DOG(s) Name(s)	Breed	Color	Age	Sex	Altered?	Distemper	Rabies	Parvo	Corona	Bordetella

CAT(s) Name(s)	Breed	Color	Age	Sex	Altered?	Feline Leuk.	Distemper	Feline FIP

OTHER (Bird, Iguana, Guinea Pig, etc.)

Name	Type/Breed	Color	Age	Sex	Altered?

Is your pet experiencing problems with . . .

- vomiting
 diarrhea
 sneezing
 coughing
 ears
 eyes
 itching
 limping
 seizures
 urinary
 heart
 behavior
 other _____

Payment Information: (Please check type of payment and sign statement below)

Cash
 Check
 MasterCard
 Visa
 Discover
 American Express
 Care Credit

I UNDERSTAND THAT ALL FEES MUST BE PAID AT THE TIME SERVICES ARE RENDERED. IN THE EVENT THE ACCOUNT IS TURNED OVER FOR COLLECTION, I AGREE TO PAY COLLECTION FEES. IN THE EVENT ANY CHECK IS RETURNED, YOUR ACCOUNT WILL BE ELECTRONICALLY DEBITED FOR THE CHECK AMOUNT AND ALL SERVICE FEES AND RELATED EXPENSES PERMITTED BY LAW.

Client Signature: _____

Print Name: _____