



Atascazoo Animal Hospital

Please fill out form completely

Previous Client: Yes / No Driver's License: DL#: _____

Today's Date: ____ / ____ / ____ How did you hear about us? _____
Month Day Year

Last Name First Name M.I. Spouse's Name

Cell Phone ____ -- ____ -- ____ Home Phone ____ -- ____ -- ____

Email Address: _____

Address: _____
Number Street City Zip

Our computer system sends out Text message and email reminders for us, so we no longer call our clients to remind them of their upcoming appointments or service reminders.

Text Reminders? Yes / No

Email Reminders? Yes / No

Pet Information

The description of your pet is extremely important

Pet's Name: _____ Species: _____ Breed: _____

Sex: M / F Spayed/Neutered? Yes / No Date of Birth: __/__/__ Age ____ Color: _____

My pet has previous veterinary records at: _____

*I authorize Atascazoo Animal Hospital to release my pet's information to any facility representing themselves as an animal care: **Yes / No**

Please Select Your Method of Payment

Cash or Credit Card Check

*We will need a copy of your Driver's License if paying by check

*Due to rising operational costs, we are forced to adopt the policy of payment due as services are received. A deposit may be required in advance. You may pay with cash, check, MasterCard, Visa, Amex, Discover, & Care Credit. A 1.5% service charge and a \$2.00 billing charge is assessed MONTHLY on all balances 30 days overdue.

X _____

Signature of Owner and/or Financially Responsible Party