

# Eastern Shore Veterinary Hospital

## Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Owner's Social Security Number: \_\_\_\_\_ Spouse/Other SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Spouse's/Other's Employer Name & Address: \_\_\_\_\_

At what time \_\_\_\_\_ and at what phone # \_\_\_\_\_ is it best to call about your pet?

In case of EMERGENCY, call \_\_\_\_\_ at phone # \_\_\_\_\_

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Preferred Method of Payment:  Cash  Check  Credit Card

Name of Previous/Current Veterinarian: \_\_\_\_\_

How did you hear of our hospital?

- Individual, someone we may thank?
- Yellow pages, or another telephone directory?
- Hospital sign?
- Another hospital? If so, which?
- Other, please state:

*To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccines.*

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(OVER)