

## *Ark Animal Hospital* *New Client Information*

Client # \_\_\_\_\_

Owner's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Co-Owner's Name \_\_\_\_\_ Co-Owner Phone \_\_\_\_\_

### How did you become aware of our clinic?

Location    Sign    Yellow Pages    Internet Search    Clinic Website    Employee referral  
 Friend \_\_\_\_\_    Client \_\_\_\_\_    Other \_\_\_\_\_

Pet Information	#1	#2	#3	#4
Name	_____	_____	_____	_____
Breed	_____	_____	_____	_____
Date of Birth	_____	_____	_____	_____
Color	_____	_____	_____	_____
Sex	male female	male female	male female	male female
Neutered	yes no	yes no	yes no	yes no
Microchip # & Type	_____	_____	_____	_____
Medications	_____	_____	_____	_____
Allergies	_____	_____	_____	_____
Heartworm Prevention	_____	_____	_____	_____
Flea Control	_____	_____	_____	_____
Previous Surgery	_____	_____	_____	_____
Previous Illness	_____	_____	_____	_____
Vaccine Reactions	yes no	yes no	yes no	yes no
Diet	_____	_____	_____	_____

### All Fees Are Due At The Time Services Are Rendered

I hereby authorize Ark Animal Hospital to perform such diagnostic, therapeutic and surgical procedures as are in their opinion, necessary and advisable for treatment and maintenance of my pet's health and well-being. The nature of such services has been described to me to my satisfaction and while I expect all procedures to be done to the best of the abilities of the professional staff, I realize that neither guarantee nor warranty can ethically or professionally be made regarding the results or cure.

I also authorize the hospital director and the staff to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as necessary for the well being of my pet on a continuing basis until further advised in writing. If it becomes necessary for Ark Animal Hospital to file suit for the collection of any sums due for services rendered under this agreement, I agree to pay all costs, not limited to cost of collection, including attorney's fees. I have read the above statement and agree to all terms.

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

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Please indicate method of payment:  Cash    Check    Visa    MasterCard