



Client ID #: _____

CLIENT INFORMATION

Welcome to Hawthorne Hills Veterinary Hospital.
The following information will help us to serve you better.

Name: _____ Date: _____

Co-Owner: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer/Occupation: _____

Email: _____ For health information and reminders for your pet

What is the best time of day _____ to contact you regarding care for your pet? Which number below?: _____

Primary (#1) Phone #: _____ (name) _____ Home Cell Work

#2 Phone #: _____ (name) _____ Home Cell Work

#3 Phone #: _____ (name) _____ Home Cell Work

In case of EMERGENCY, please call _____ at telephone # _____

How did you first hear of our hospital? Friend. Whom may we thank? _____

Hospital Sign Yellow Pages Web Page Other _____

We consider our pet(s): Part of the Family Just as pets I have pet insurance for my dog/cat

During future visits, it is important to see the same doctor: Always Yes, if possible Not a concern

If at any time you prefer to see a specific doctor, please let our staff know. We will do our best to accommodate your request.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly prepare a written estimate if you desire. Please ask the staff or doctor.

We accept MasterCard, VISA and cash. Payment by check requires prior approval of the Hospital Coordinator.

Do you qualify for our senior citizen discount? (65 +) No Yes - please show your driver's license _____

[staff initials]

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature of Client Responsible for Pet(s) _____

Visit our website at hhvh.net Ask us about activating a "PET PORTAL" for your pets

Office Use Only