



Date: _____

New Client Information

Owner: _____ Co-Owner: _____

Address: _____ City: _____ Zip Code: _____

Primary #: _____ Secondary #: _____ Alternate #: _____

Email: _____

Preferred Contact Method: (Circle one) Email Text Phone Call

Employer & Occupation: _____

Co-Owner's Employer & Occupation: _____

What prompted you to select our hospital? (Please Circle One of the below or use "Other")

Location Yellow Pages Referral Price Staff

Other: _____

If someone referred you to us, please tell us who so we can thank them. _____

Pet Information

Pet's Name: _____ Species: (Circle one) Cat Dog Other

Breed: _____ Color: _____ Gender: (Circle one) M/F Neutered/Spayed

Birthdate or age: _____ (Cats only – Circle one) Declawed Y/N

Do you have any other pets in your household? (If so, list them & give above information for each)

Is your pet alarmed by specific actions or sensitive in any part of the body? _____

Is your pet currently on any medication? If so, what are they? _____

Does your pet have any know drug allergies? _____

Date of last: Distemper Vaccine _____ Rabies Vaccine _____ Fecal Exam _____

Heartworm Test: (Dogs) _____ Other Vaccines: _____

What is your pet's diet? _____

What is the most important thing for us to know about you or your pet in order to serve you best?

Media Release Form

- YES I grant Southfork Animal Hospital PA permission to post my picture, video, story and medical information on social media, in other marketing efforts, or to use for possible educational purposes.
- NO I do not grant my permission.

Medical Information Release

- Yes I give Southfork Animal Hospital the authority to release basic medical information about my pet to any rescue organization, boarding facility, or groomer. Released information is limited to vaccination history, preventative purchase, and exam frequency.
- NO I do not give my permission to release any information unless I personally call to authorize each time it is requested.

Southfork Animal Hospital Payment Policy

Southfork Animal Hospital expects full payment at the time of service. Acceptable payment options include cash, personal checks (from a local bank), Visa, Mastercard, Discover, American Express, and Care Credit. Southfork Animal Hospital reserves the right to require ID when accepting a check.

If full payment is not made in an acceptable manner, any past due balance will be sent for collection and a collection service charge of up to 45% of the balance will be added.

If a check is returned for non-payment, it will be re-presented electronically to your bank for both the face value of the check and a \$30.00 fee. If further collection efforts become necessary, additional collection service fees will be added to the original debt, including possible civil penalties when dishonored checks are not paid within 30 days of notice. When a check is returned, Southfork Animal Hospital may require cash for future services or purchases.

Please sign below indicating your understanding of ALL above information.

(Owner's Signature)

(Date)