

CLIENT INFORMATION



SALEM VETERINARY HOSPITAL

Miss
Mr.
Owner Mrs. _____
Last First Middle

Home Phone: _____ Cell Phone: _____

Address: _____
Street City State Zip

Driver's License Number: (Required to write checks) _____ Email: _____

Employer: _____ Bus. Phone: _____

Ok to call at work? Yes No Work Address: _____

Spouse's Name: _____ Employer: _____ Bus. Phone: _____

In Case of Emergency (other than yourself) Contact: Name: _____

Address: _____ Phone: _____

PET INFORMATION

Name: _____ Breed: _____ Color/Markings: _____

Birthdate: _____ Sex: _____ Spayed/Neutered? _____

Date for Vaccines:

Canine (dog) Distemper, Hepatitis, Leptospirosis, Parainfluenza, Parvo Virus (DHLPP): _____

Corona Virus: _____ Bordetella (Kennel Cough): _____ Lyme: _____

Feline (cat) Rhinotracheitis, Calicivirus, Panleukopenia (FVRCP): _____

Feline (cat) Leukemia: _____

Rabies: _____

Is your pet on any medications? _____ What kind? _____

Are there any chronic problems? _____

Is your pet allergic to any medication or vaccines? _____

Is your animal aggressive or does it bite? _____

FORMS OF PAYMENT ACCEPTED

Please check one of the following:

Cash Check Visa[®], MasterCard[®], American Express[®], Discover Card[®] CareCredit[®] Payment Plan

In the event of default on any payments due, I agree to pay Salem Veterinary Hospital any and all added costs of collection including but not limited to 33 1/3% attorney fees. Salem Veterinary Hospital charges \$35 for returned checks.

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

Signature _____

HOW DID YOU FIND OUT ABOUT SALEM VETERINARY HOSPITAL?

Phone Book: _____ Sign or Location: _____ Facebook: _____ Twitter: _____

Friend or Neighbor: _____ Whom may we thank? _____

Salem Woods Association: _____ Our Website: _____ Other: _____