

# CLIENT INFORMATION



SALEM VETERINARY HOSPITAL

Owner \_\_\_\_\_  
Last First Middle

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Owners Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Driver's License Number # \_\_\_\_\_ (If writing a check)

Employer: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## PET INFORMATION

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

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? \_\_\_\_\_

Would you like us to send you reminders and promotions to your email address? [ ] Yes [ ] No

Could we take pictures of your pet to put in our computer system, website and Facebook? [ ] Yes [ ] No

How many pets do you have in your household? Please write down their names, breeds and age.

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## 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 \_\_\_\_\_ Date \_\_\_\_\_

## HOW DID YOU FIND OUT ABOUT SALEM VETERINARY HOSPITAL?

Sign or Location: \_\_\_\_\_ Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_ Website \_\_\_\_\_ Current Client \_\_\_\_\_

Salem Woods Association: \_\_\_\_\_ Friend/Neighbor \_\_\_\_\_ Whom may we thank? \_\_\_\_\_