



Welcome!

10/20/2008

“We Treat Pets Like Family”

© ARLINGTON ANIMAL HOSPITAL, INC

CLIENT INFORMATION FORM

IDENTIFICATION AND CLIENT CONTACT INFORMATION

NAME: _____ SOCIAL SECURITY NO.: _____
SPOUSE/PARTNER: _____ SOCIAL SECURITY NO.: _____
STREET: _____ CITY: _____ STATE: _____ ZIP: _____
PRIMARY CONTACT NUMBER: (_____) _____ [] HM [] WK [] CELL [] PAGER FAX NUMBER: (_____) _____
SECONDARY CONTACT NUMBER: (_____) _____ [] HM [] WK [] CELL [] PAGER OTHER: (_____) _____
EMAIL: _____ DRIVER'S LICENSE NUMBER: _____
HOW DID YOU HEAR ABOUT US? [] ANIMAL CONTROL [] HUMANE SOCIETY [] TELEPHONE BOOK [] INTERNET
[] REFERRAL: _____ [] RESCUE ORGANIZATION: _____

EMPLOYMENT AND EMERGENCY CONTACT INFORMATION

EMPLOYER: _____ BUSINESS TYPE: _____
STREET: _____ CITY: _____ STATE: _____ ZIP: _____
EMERGENCY CONTACT: _____ CONTACT NUMBER: (_____) _____
EMERGENCY CONTACT: _____ CONTACT NUMBER: (_____) _____

FINANCIAL, MEDICAL INFORMATION AND LIABILITY RELEASE

Arlington Animal Hospital, Inc. advises you that all fees are due in full. In the event that your animal requires treatment a deposit of 75% of the estimated amount is due with balance to be paid upon completion. You may be asked to make payments towards your account in the event that your animal is hospitalized for treatment. We accept cash, personal checks, MasterCard, Visa, Debit, Discover, American Express and third party funding, such as CareCredit, etc. Our checks are processed electronically and funds are withdrawn immediately. We reserve the right to refuse service and the acceptance of checks without prior notice.

Arlington Animal Hospital, Inc. may take photographs of your animal for the purposes of medical information, teaching and veterinary literature. You authorize the release of photographs or medical information for such purposes. Client privacy and medical confidentiality will be maintained unless you provide permission for release.

You understand that veterinary medicine is not an exact science and animals respond individually and unpredictably to hospitalization, treatment and/or surgery. You understand that we make no guarantee as to the results of medical and/or or surgical treatment. You agree to release Arlington Animal Hospital, Inc. and its staff from any liability in the hospitalization, treatment and/or surgery performed on your animal.

You certify that you are over 18 years of age and the owner or owner's authorized agent of animals that you identify and list in your hospital chart. You assume full responsibility for all charges incurred by your animals. You agree that in the event that any unpaid balance is referred to collections, you will be responsible for all collection fees, legal fees and court costs and your owed balance may substantially increase.

NAME OF OWNER OR AUTHORIZED AGENT

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE

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