



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 upon release of your animal. In the event that your animal is hospitalized 50% of the estimated amount is due upon your animal's admittance to the hospital and the balance will be due upon discharge. You may be asked to make payments towards your account in the event that your animal is hospitalized for treatment and/or your balance exceeds the estimate. 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 Our checks are processed electronically and funds are withdrawn immediately.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.

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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