

WELCOME TO OUR HOSPITAL!!

Date: _____ Client number _____

Thank you for giving us the opportunity to care for your pets. The information below will help us serve you with greater efficiency. **PLEASE PRINT:**

Primary Contact/ Owner: _____ (please print)

Primary Phone #: _____ Cell Phone: _____ Texting: Yes No

Employer Name: _____ Work #: _____

Address (mailing): _____
Street (Apt #) City/State Zip Code

Address (physical): _____
Street (Apt #) City/State Zip Code

Email: _____

Spouse / Partner: Name: _____ (please print)

Phone #: _____

EMERGENCY CONTACT: please provide the name of the nearest relative or friend who will be able to make decisions regarding your pet's welfare if we are unable to reach either you or your spouse.

(Name)

(Phone Number)

We will gladly prepare a written estimate if you desire (please ask the doctor, nurse, or receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** Unfortunately, we are not financially able to loan money to our clients. For your convenience cash, check, Visa or MasterCard are accepted. We can also help you with a CARECREDIT application which can lend money at no, or very low, interest. Any balances not paid in full will be subject to collections fees and the outstanding balance will be turned over to a Collections Service.

I authorize **North Idaho Animal Hospital** doctors and staff to provide veterinary services / products up to and including anesthesia, surgery, and emergency care for my pet (s) from this day forward. In addition, I agree to pay all balances for service and products (as detailed above) immediately upon delivery and authorize the future release of medical records and associated materials.

I understand and agree that photographs taken of my pet by NIAH may be used in Facebook business page and website postings. They will always be portrayed respectfully and with minimal disclosure of personal details other than the pet's name (strike through the last two sentences if this is not acceptable).

(Signature of owner or authorized representative)

(Date)

Can we thank someone for referring you? Name: _____

How did you come to select us?

Internet _____ Drove by _____ Radio _____ Asked around _____ Yellow Pages _____

Thank You for coming to our hospital!