STONE
Veterinary
HOSPITAL

New Client Information

Name_____ Date_____
Home Phone_____ Cell Phone_____

Best Place to Call □ Home □ Cell

Best Time to Call □ A.M. □ P.M.

Emergency Contact #_____Email_____
Street Address_____
City_____ State_____ Zip_____
Occupation_____ Employer_____

How Did You Hear About Us? □ Yellow Pages □ Town Paper □ Sign □ Friend/Family

Pet Name_____
Breed_____
Color_____
Birth Date_____

□ Cat □ Dog □ Other
□ Male □ Female
Spayed or Neutered? □ Yes □ No
Obtained From?
□ Breeder □ Pet Shop □ Breeder □ Stray
□ Other_____

Date Obtained _____

Last Vaccination
Date_____
Vaccine Types_____
_____
_____

Diet_____
_____
Treats_____
Table Food_____
Past Medical Problems
_____
_____
_____

Current Medication
_____
_____

Terms and Conditions

PAYMENT IS DUE AT THE TIME OF SERVICE. A 1.5% per month (18% APR) interest will be applied to balance at the end of each month. A $5.00 per month billing charge will be applied to all outstanding balances. In the event of collections by Stone Veterinary Hospital, the customer agrees to pay all collection fees, attorney's fees and court charges. I agree to the above provisions in the event that there are extenuating circumstances and my account balance is not paid in full at the time of discharge. I hereby authorize the veterinarian to examine, prescribe for and/or treat the pet described above. I assume financial responsibility for charges incurred in the care of these animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for hospitalized cases. An estimate of fees is available upon request.

Print Name_____ Date_____

Signature_____