

Pointe South Animal Hospital

PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Pointe South Animal Hospital the opportunity to care for your pet.
So that we may become better acquainted, please complete the following:

NCDL# _____ (Required if paying by any method other than cash)

OWNER(S) _____ SPOUSE'S _____
LAST FIRST INITIAL LAST FIRST

E-MAIL ADDRESS _____

ADDRESS _____
STREET CITY STATE ZIP CODE

PRIMARY PHONE _____ WORK PHONE _____ CELL _____

PLACE OF EMPLOYMENT _____

SPOUSE'S PLACE OF EMPLOYMENT _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?
 YELLOW PAGES HOSPITAL SIGN WEB PAGE OTHER

PAYMENT POLICY

**All fees must be paid in full at the time services are performed or upon discharge from the hospital.
Any exception to this policy must be authorized prior to the performance of any service.**

How will you be paying for the services you receive today? Cash Check Credit/Debit Card

PET INFORMATION (Please fill in the following for each pet)

	PET 1	PET 2	PET 3
NAME			
BREED			
DATE OF BIRTH			
DESCRIPTION (color)			
SEX			
SPAYED OR NEUTERED?	Y N	Y N	Y N

If your pet stays at our hospital for any reason and is found to have external parasites (fleas, ticks, etc.), you will be financially responsible for the topical treatment we administer to your pet.

CLIENT'S SIGNATURE

Again, thank you for giving us the opportunity to serve you.