

KILGORE SMALL ANIMAL HOSPITAL

Client/Patient Information

Owner Name: _____ Spouse's Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Spouse's:

Driver's License #/ State: _____ Spouse's: _____

Pet's Name: _____ () Dog () Cat () Other: _____

() Male () Female Breed: _____

Age: _____ Color: _____

Has your pet been spayed or neutered? () Yes () No

Has your pet ever had surgery? () Yes () No
If 'Yes', please explain: _____

Has your pet ever been seriously ill? () Yes () No
If 'Yes', please explain: _____

How did you first hear about our hospital? () Hospital Sign () Yellow Pages
() Other: _____ () Referral -- Who may we thank? _____

How will you be paying today? () Cash () Check () Credit Card
(We accept Visa, Mastercard, Discover, and American Express)

**Professional fees are due at the time that services are rendered.
There will be a \$30.00 service charge on all returned checks.**

To prevent the spread of infectious diseases and parasites, all hospitalized and boarded animals must be current on all vaccines and free of fleas and ticks.

I, the undersigned, do hereby authorize Kilgore Small Animal Hospital to provide vaccines and treat my pet for external parasites as needed.

I accept financial responsibility for the treatment and care of my pet. I certify that I have read and completed this form to the best of my knowledge.

Signature: _____ Date: _____