



Stafford Animal Hospital Client/Pet Information

Owner's Last Name _____ First _____ M.I. _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Employer's Name & Address _____

Spouse/Other Last Name _____ First _____ M.I. _____

Spouse/Other Employer's Name & Address _____

Spouse/Other Work Phone _____

In Case of EMERGENCY, Call _____ Phone _____

Pet Information

Pet's Name _____ Dog Cat Other _____

Breed _____ Color _____

Age/Birth Date _____ Sex: Female Female Spayed Male Male Neutered

Date & Type of Last Vaccinations _____

Hospital/Clinic Name who gave vaccines _____

Do you have any previous medical history? Yes No Any past medical problems? _____

Pet's Name _____ Dog Cat Other _____

Breed _____ Color _____

Age/Birth Date _____ Sex: Female Female Spayed Male Male Neutered

Date & Type of Last Vaccinations _____

Hospital/Clinic Name who gave vaccines _____

Do you have any previous medical history? Yes No Any past medical problems? _____

Welcome to Stafford Animal Hospital. It is our desire to always provide quality professional care and service to our clients and pets. If you have any questions/concerns, please feel free to contact us. We encourage client suggestions and input as to how we may better serve you. **We are unable to provide routine billing services and payment is expected at the time services are rendered.** In the event of non-payment, the pet(s) will be boarded in our facilities at the client's expense until payment has been made. In the event that the client fails to pay any amounts due and owing to Stafford Animal Hospital, and it becomes necessary to hire an attorney to collect said debt, then the client agrees to pay reasonable attorney's fees and court costs incurred by Stafford Animal Hospital in the collection of said debt. A \$25 fee will be placed on your account for scheduled appointments which are cancelled without 48 hours prior notification. Your cooperation in this matter is appreciated.

I have read this information and understand the payment policies.

Signature _____ Date _____

How did you hear about us? Google Yahoo Other Internet Zip Local Community Phonebook
 Friend (let us know so we can thank them) _____ Other _____