

FOR OFFICE USE ONLY: CLIENT # \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_



## WELCOME TO AMHERST ANIMAL HOSPITAL BOARDING & GROOMING



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Spouse Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

[this will be used only by Amherst Animal Hospital for purposes of providing you with information and savings for your pet(s)].

How did become aware of our hospital?  Drive by/sign  Yellow Pages  Website  Other

Personal Recommendation (whom may we thank?) \_\_\_\_\_

**\*THIS INFORMATION IS REQUIRED** for Financial & Accounting purposes.

\*Drivers's License#: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

### PET INFORMATION:

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  Spayed/Neutered

Any previous illness or surgeries? \_\_\_\_\_

Any allergies to vaccines or medications? \_\_\_\_\_

Special diets or medications? \_\_\_\_\_

### ***POLICY: All Fees Are Due At the Time Services Are Rendered!***

We accept the following forms of payment: Cash, Check, MasterCard, Visa, Discover, American Exp, and CareCredit. I have read and accept the above POLICY...

***I am also certifying that my pet(s) are up to date on all required vaccines. If I cannot show visual proof of vaccinations, then your pet will not be permitted to stay at our facility until such documentation can be presented. If your pet gets their vaccinations done here and they are less than 1 month overdue, Amherst Animal Hospital has my permission to vaccinate my pet for all overdue vaccines. I understand I will be responsible for all charges that may occur and I agree to pay them in full upon picking-up my pet(s).***

Sign Here X \_\_\_\_\_