



Henrietta Animal Hospital

Where warm hearts meet warm paws

New Client Information Form

The Henrietta Animal Hospital promotes a team approach to patient care using advanced principles of medicine delivered with compassion. We are committed to our community and providing the best possible client/patient care.

Client/Owner Name: (Please Print!) _____

Street Address: _____ Own Rent

City/State/Zip Code: _____ Employer: _____

Telephone: Home: _____ Mobile: _____ Work: _____

Email: _____

Spouse/Partner/Co-Owner: (if applicable) _____

Credit Information:

Driver's License ID Number _____ Expiration Date _____ State _____

Social Security Number _____ Date of Birth _____

Pet Information:

Patient Name _____ Dog Cat Breed _____

Color _____ Sex M F Spayed/Neutered? Y N Birth Date _____

Vaccination Dates:

Dog: Rabies _____ Distemper/Parvo(DA2PP) _____ Bordatella _____ Flu _____ Lyme _____ Lepto _____

Cat: Rabies _____ Distemper (FVRCP) _____ Leukemia _____

Other _____ Where Given _____

Diet _____ Reason for Visit _____

How did you hear of Henrietta Animal Hospital? Website Internet Search Referring Veterinarian Clinic Sign

Other _____ Personal Recommendation _____

Have you been to a veterinarian before? Yes No If yes, where? _____

If yes, is there a reason for changing? _____

Note: For the safety of the animals at Henrietta Animal Hospital it is our policy that animals must be up-to-date with all vaccinations in order to be boarded or hospitalized.

Is there an area of interest that we could provide additional information? _____

Do you own other pets? _____

The undersigned acknowledges receiving services and certifies that I will take full financial responsibility. In the event that payment is not received and my account is placed for collection, the undersigned agrees to pay, in addition to the amount due, service charges, and applicable attorney fees. Any unpaid balance will be charged a billing fee of 1.5% per month or 18% per annum. **All fees are due upon rendering of services.** In addition, the undersigned acknowledges that all information provided is accurate and up to date.

Signature _____ Date _____