WELCOME TO OUR HOSPITAL!!

(Client Information.doc, 02/11)

Date:_____

Thank you for giving us the opportunity to care for your pets. The information below will help us serve you with greater efficiently. **PLEASE PRINT:**

Name: _____ Spouse:_____
Last First Last First

Address (mailing):_____

Address (physical):_____

Home Phone:_____ Work Phone:_____

Cell Phone _____Email: _____Employer:_____

Spouse Cell Phone _____Email: _____Spouse Employer _____

In case of an emergency please provide the name of the nearest relative or friend who will be able to make decisions regarding your pet's welfare if we are unable to reach either you or your spouse.

_____
(Name) (Address) (City) (Phone Number)

We will gladly prepare a written estimate if you desire (please ask the doctor, nurse, or receptionist). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. Unfortunately, we are not financially able to loan money to our clients. For your convenience cash, check, Visa, or MasterCard are accepted. We can also help you with a CARECREDIT application which can lend money at no, or very low, interest. Any balances not paid in full will be subject to collections fees and the outstanding balance will be turned over to a Collections Service.

I authorize **North Idaho Animal Hospital** doctors and staff to provide Veterinary services / products up to and including anesthesia, surgery, and emergency care for my pet (s) from this day forward. In addition, I agree to pay all balances for service and products (as detailed above) immediately upon delivery and authorize the future release of medical records and associated materials.

_____
(Signature of owner or authorized representative) (Date)

Can we thank someone for referring you?_____ How did you select us?

Yellow Pages_____ Saw Sign_____ Radio_____Asked around _____