

Wallburg Animal Hospital

New Client/Patient Admission Form

Date: _____

Client Information

Owners Name: _____
First MI Last

Spouse's Name: _____
First MI Last

Home Address _____
Street address

City State Zip code County

Authorized people to drop off, pick up, and make decisions for my pet(s).

Home Phone Number _____ Owner's Cell _____

Spouse Cell Phone _____ Other Number _____

Authorized Person _____ Phone Number _____

Authorized Person _____ Phone Number _____

Email address _____ may we send email reminders (Y) (N)

New government regulations require us to view your federal issued photo ID (driver's license) for all new client visits and we may also ask to see it when paying with checks and credit cards. We apologize for any inconvenience. These laws are put into place to help prevent identity theft.

** Driver license number _____ State _____ Other ID _____

Who can we thank for referring you to us? _____

Pet(s) Information:

Pet(s) Name(s): _____

Pet's Birthdate/Age _____

Breed _____ Color _____

Male or Female _____ neutered/spayed _____

Special identification markings on body? _____ Microchip (Y) (N)

Current Medications if Any: _____

Previous veterinary care by _____ City/State _____

May we call to have your records faxed over in order to get vaccination, physical and health info? _____

****Payment is expected at the time services are rendered. We do not offer any charging/billing****

I understand that payment is due at the time services are rendered and that a \$ 35.00 fee will be charged for any returned checks. All past due accounts will be subject to a monthly billing fee and interest will be charged on any overdue amount. I hereby authorize the veterinarian(s) to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the above pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required at any time.

Signature: _____