

**Welcome to Palmetto Animal Hospital. Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. Please take this time to fill in this form completely.**

**Client Information:**

Owner Name:

Email:

Spouse Name:

Address:

City:

State:

Zip:

Home #:

Cell #:

Emergency #:

Employer Name:

Work #:

Spouse Employer:

Work #:

**How did you learn about Palmetto Animal Hospital?**

Client:

Drove/Walked By

Phone Book

Internet

Employee:

Yelp

New Mover Mailer/Postcard

Other Hospital/Doctor:

Other:

**Pet Information:**

Pet Name:

Dog

Cat

Gender: Male

Neutered

Female

Spayed

Birthdate:

Breed:

Color:

Pet Name:

Dog

Cat

Gender: Male

Neutered

Female

Spayed

Birthdate:

Breed:

Color:

**Vaccination History:** Please provide the name and number of the veterinary clinic for us to obtain your pet's history. If you have records please provide them as soon as possible to get your pet(s) up to date in the system.

Name:

Phone #:

**Check Policy:**

We apologize for any inconvenience, but checks are not accepted for new clients that have a balance that exceeds the amount of \$200.00. Payment of such amounts must be paid by cash or credit card. All payments are rendered at the time of services. A deposit of half is also required in the event of a hospitalized pet. The remainder of the balance is to be paid in full at the time of discharge.

**After Hours Emergency Policy:**

Palmetto Animal Hospital does provide after-hours emergency care for active clients and reserves the right to not see non-compliant or inactive clients. We see the active clients of Palmetto Animal Hospital on the weekends and holidays. Unfortunately, we are unable to see clients from other veterinary hospitals in the area.

**I have read and understand the policies explained above.**

Signature of Owner:

Date: