

CLIENT INFORMATION

Account Number _____

Owner's Last Name _____ First Name _____

Spouse/Partner's Last Name _____ First Name _____

Address _____ City, State, Zip _____

Telephone - Home _____ Cell _____ Work- _____

Email _____

Who else has permission to be making treatment decisions for your pet(s)?

How did you hear about us? _____

Who was your previous veterinarian? _____

Previous Records Received Yes No

I, _____, give Brockport Animal Hospital permission to release my pet's vaccination record to:

Animal Rescue Organizations (such as humane society and dog wardens)

Town Clerk (so my pet can be licensed)

Medical Personnel (in case of human injuries)

Boarding Facilities

I also understand anyone else calling for information regarding my pet's vaccination and medical information will not be given any information with out my consent either in writing or by phone.

Date _____ Signed _____

Turn over and complete other side please

CLIENT INFORMATION CONTINUED

(Please fill out completely)

Last Name _____ First Name _____

Driver's License Number _____

Copy of License Supplied Yes or No

Social Security Number _____

Spouse/Partner's Information

Last Name _____ First Name _____

Cellular Number _____ Work Number _____

Driver's License _____

Copy of License Supplied Yes or No

Social Security Number _____

Payment is expected at time of service. For your convenience we do accept Master Card, Visa, Discover, Personal Checks (provided a copy of driver's license is provided), and Cash. On occasion you may have a balance left on account. All unpaid balances over thirty (30) days will be charged an interest rate (finance charge) at the rate of one and one-half percent (1.5%) per month which is an annual percentage rate of eighteen percent (18%) of the current balance or a minimal four dollars and fifty cents (\$4.50) finance charge which ever is greater. You understand and agree you are responsible for all charges and if in the event your debt is turned over to a collection agency or an attorney, you will be responsible for payment of all legal and collection expenses. By signing this client application for Brockport Animal Hospital, you understand that this creates a legally binding contract.

Signature _____ Witness _____

TODAY'S DATE _____