



Island Pet Hospital



Client and Patient Information Sheet

THANK YOU for giving us the opportunity to care for your pet!!!
 Our goal is to provide you with the highest quality medical care, wellness advice and customer service. Our dedicated and experienced staff are happy to assist you with any questions or concerns you may have.

So that we may better serve your needs, please complete the following form.

Owner's Name _____ Social Sec. # _____

Spouse's Name _____ Driver Lic. # _____ Exp _____

Street Address _____ Home Phone: _____

City/State/Zip _____ Cell Phone _____

Employer _____ Work Phone _____

Email Address _____

How did you hear of us?

Internet Phone Book Web-Site Walk/Drive by

Friend _____ Other _____

Pet Information

	Name	Breed	Color	Sex	Date of birth	Spayed or Neutered
# 1						
# 2						
# 3						

PAYMENT IS DUE IN FULL AT THE TIME SERVICES ARE RENDERED

We gladly accept Cash, Mastercard, Visa, Amex, Discover or Personal Checks (Pre-printed with a valid driver's license)

Please sign the following authorization for treatment:

I hereby authorize the staff of Island Pet Hospital to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Treatment Plan and/or Estimated Charges provided to me in

person or over the telephone. **A 1.5% Monthly or 18% Annual Interest fee will be charged on any outstanding balance after 30 days, unless prior arrangements have been made. Should this account be sent to collection, I understand that I will be responsible for any service, collection, and/or legal fees. I understand that professional fees are to be paid at the time of release and a deposit may be required.**

Signature of Owner, or Person(s) presenting pet

Date