

# "...We Spend the Time"

Date: \_\_\_\_\_

*Thank you for giving our hospital the opportunity to care for your pet. Please complete the following:*

## INFORMATION ABOUT YOU AND YOUR PET

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Secondary Name on Account \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

**Email** \_\_\_\_\_ Driver's License # \_\_\_\_\_

Home Phone	
Cell Phone	
Work Phone	
Secondary Contact Phone	
Other Contact?	

Pet Name \_\_\_\_\_  Dog  Cat  Other

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Spayed/Neutered  Yes  No Clinic & Location of Last Vaccinations \_\_\_\_\_

2<sup>nd</sup> Pet Name \_\_\_\_\_  Dog  Cat  Other

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Spayed/Neutered  Yes  No Clinic & Location of Last Vaccinations \_\_\_\_\_

3<sup>rd</sup> Pet Name \_\_\_\_\_  Dog  Cat  Other

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Spayed/Neutered  Yes  No Clinic & Location of Last Vaccinations \_\_\_\_\_

## WHO MAY WE THANK FOR YOUR VISIT?

How did you become aware of our hospital?  Professional Referral  Previous Client

Hospital Sign  Website  Google  Yellow Pages  Magazine/Newspaper

Individual – Someone we may thank (please print) \_\_\_\_\_

## PAYMENT POLICY

Professional fees are to be paid at the time services are rendered. We do not carry open accounts and hope that these alternatives are convenient for you: Cash, Check, MasterCard, Visa, Debit Cards, Care Credit.

FOR CLINIC USE  INFO IN VIA  SKETCH CARD SENT  REFERRAL CARD SENT  NEW CLIENT FOLDER GIVEN

Ingersoll Animal Hospital's  
Information Sheet

