



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 will be 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 _____ DL # _____ St. _____ 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	Spayed or Neutered	Age/DOB	Microchip
# 1					Yes No		Yes No
# 2					Yes No		Yes No
# 3					Yes No		Yes No

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) Personal checks will NOT be accepted on first visit.

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 set 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