

# CLIENT WELCOME FORM

## WELCOME TO Hunterdon Hills Animal Hospital !

PLEASE HELP US BY TAKING A FEW MOMENTS TO FILL OUT THIS INFORMATION **COMPLETELY!**

### Client Information

Today's Date \_\_\_\_\_  
Owner's First Name \_\_\_\_\_  
Owner's Last Name \_\_\_\_\_  
Spouse/Partner's First Name \_\_\_\_\_  
Spouse/Partner's Last Name \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone# \_\_\_\_\_  
Owner's Cell # \_\_\_\_\_ Spouse/Partner's Cell# \_\_\_\_\_  
Email \_\_\_\_\_ Would you like email reminders?  Yes  No

### Employment Information

Employer's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Ext \_\_\_\_\_

### Payment Information

Preferred Method of Payment:  Cash  Check  Visa  MC  Discover  Amex  Care Credit  
Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 Digit Code \_\_\_\_\_  
(optional)

### Patient Information

Pet's Name \_\_\_\_\_  Dog  Cat  Bird  Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Birth Date \_\_\_ / \_\_\_ / \_\_\_ Sex:  Male  Female Altered:  Yes  No  
Do we need to use caution when working with your pet?  Yes  No  
From what source was your pet obtained?

What percent is the pet? Indoor \_\_\_\_\_ % Outdoor \_\_\_\_\_ %  
Veterinary Hospital where past records may be obtained \_\_\_\_\_  
List any medical conditions or medications that we should be aware of \_\_\_\_\_

**Please ask our receptionist for a continuation page if you have more than one pet.**

### Referral Information

How did you hear of HHAH?  Yellow Pages  Hospital Sign  Friend  Relative  Other \_\_\_\_\_  
Individual we may thank? \_\_\_\_\_  
I/we assume responsibility for all charges incurred in the care of our pet now and in the future. I/we also understand that these charges will be **paid in full** at the time of visit.

Owner or Responsible Party \_\_\_\_\_

Alternate Authorization: \_\_\_\_\_