



Fort Wayne Pet Hospital Client Information Form

Thank you for giving us the opportunity to care for your pet.

Please help us better meet your needs by taking a few moments to fill out this information sheet.

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth			
Sex	Male/ Female	Male / Female	Male / Female
Altered or Spayed?	Yes/ No	Yes/ No	Yes / No
Microchip # or no chip			

ARE YOU OR ANYONE IN YOUR IMMEDIATE FAMILY CONSIDERED IMMUNOCOMPROMISED? Yes/No
I APPROVE HAVING MYSELF/FAMILY & PET(S) BEING POSTED ON ALL SOCIAL MEDIA & WEBSITE? Yes/No

Primary Contact: _____ Spouse/other _____
Last First Middle Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Primary Text/Contact #, & Name: _____ Spouse/Other Cell #: _____

Primary Email: _____ Owner's SSN: _____

Spouse/Other SSN: _____ Driver's License # _____

Primary's Employer Name: _____ Spouse's/Other's Employer Name _____

How did you hear about us? _____

Owner's Date of Birth _____ Spouse /Other DOB _____

Professional fees are due at time services are rendered. We will gladly prepare a written estimate upon request.
We accept the following: Cash, Check, Visa, MasterCard, Discover, American Express, CareCredit, and Scratch Pay.

Our practice recommends and the law requires all pets to be current on vaccines to protect humans and other pets for infectious diseases. Unforeseen circumstances occasionally occur and it is understood that there may be a risk of exposure.

I understand every effort will be made to achieve a successful outcome for your pet, and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat, or perform surgery upon the pet(s) listed above and additional pets I present. I understand that veterinary service may be provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

I agree fees for services rendered will be due and payable at the time my pet is discharged from the hospital or the service is otherwise terminated, unless otherwise agreed to in writing. I further agree and acknowledge that a monthly finance charge of 1.5% (18% annually) shall be applied to all amounts not paid when due. In the event of nonpayment, I agree that I will be responsible for all unpaid past due amounts, and if this account is turned over for collections, regardless of whether or not suit is filed, I will also be responsible for all costs of collection, including court cost and reasonable attorneys' fees. I also agree to a service fee of \$25.00 for each check that is returned unpaid from my bank.

If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned, and you are authorized to dispose of my pet as you deem best and/or necessary.

Signature _____ Date _____

Spouse/Other Signature _____ Date _____