

Welcome to Sunset Eastern Animal Hospital!

NAME: Mr. / Mrs. / Ms. / Dr. _____ SPOUSE: _____
ADDRESS: _____ APT: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBERS: Home: _____ Cell: _____ Work: _____
EMAIL ADDRESS: _____

In the event of an emergency, the following people are authorized to pick up my pet(s) from Sunset Eastern Animal Hospital. I understand that I am still financially responsible for any monies owed to the hospital:

Name	Phone number
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PLEASE NOTE: Payment is due when estimate is presented and/or when services are rendered.

We accept personal checks (in state only), Visa, MasterCard, American Express, Discover, Care Credit, Traveler's Checks and Cash. Photo ID is required for all forms of payment other than cash.

Please present your Driver's license to the receptionist to be photocopied if you would like to pay by check or credit card.

SOCIAL SECURITY # _____ DR. LICENSE # _____

PLACE OF EMPLOYMENT _____

PET INFORMATION:

Pet's Name _____ Sex: M F Neutered _____ Spayed _____

Date of Birth _____ Breed _____ Color _____

Pet's Name _____ Sex: M F Neutered _____ Spayed _____

Date of Birth _____ Breed _____ Color _____

VACCINE INFORMATION: If you have records at another hospital we can request them if you indicate which hospital: _____

HOW DID YOU HEAR ABOUT OUR HOSPITAL?

Friend (someone we can thank) _____ Yellow Book Drove By

Live Close Previous Client Internet site, which one? _____

I authorize Sunset Eastern Animal Hospital to treat my pet(s), and agree to accept full financial responsibility for veterinary care provided. Payment is expected in full when services are rendered.

Signature: _____ Date: _____