

Daniel Webster Animal Hospital

Client Information Form

*Thank you for giving us the opportunity to care for your pet.
So that we may be better able to meet your needs, please complete the following:*

Owner _____ Co-Owner _____
(Owners on record must be 18 years of age or older)

Address _____ City _____ State _____ Zip _____

Telephone: Home _____ Cell _____ Work (optional) _____

E-mail Address _____

Name of veterinary hospital we may contact to obtain previous medical records? _____

Pet's Name _____ Dog Cat Other _____

Breed _____ Color _____ Sex M F Spayed or Neutered? Yes No

Birth Date _____ Microchip No Yes #: _____

How did you acquire your pet?: Breeder Pet Store Friend Rescue _____

Previous illness, surgical history or dental procedures: _____

Pet's Name _____ Dog Cat Other _____

Breed _____ Color _____ Sex M F Spayed or Neutered? Yes No

Birth Date _____ Microchip No Yes #: _____

How did you acquire your pet?: Breeder Pet Store Friend Rescue _____

Previous illness, surgical history or dental procedures: _____

We will gladly prepare a written estimate if desired (please ask a doctor or support staff).

ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.

In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards, Carecredit, or can establish a payment arrangement if approved in advance by a veterinarian or the business manager. There will be a service charge of \$30.00 for any check returned by the bank unpaid. Any unpaid balance over 30 days is subject to a finance charge, calculated at 1.5% monthly.

Upon arrival at DWAH, please hand sign and date this form below and provide positive identification.
Your electronic signature is not required.

Sign and date:

Identification:

Whom may we thank for referring you to our hospital? _____