

## CLIENT/ PET INFORMATION



Date: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Co-Owner \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary# Circle: Cell or Home \_\_\_\_\_ Additional Contact # \_\_\_\_\_  
Social Security # \_\_\_\_\_ Employer Name & Phone# \_\_\_\_\_

## PET INFORMATION

Pet's Name \_\_\_\_\_ Circle: Dog / Cat Male / Female Spayed / Neutered  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Age: Years: \_\_\_\_ Months: \_\_\_\_ Date of Birth if available \_\_\_\_\_  
Is your pet up to date on vaccines? Y\_\_ N\_\_ Hospital where vaccinated: \_\_\_\_\_

## REFERRAL INFORMATION

Referring Veterinarian: \_\_\_\_\_ Referring Hospital: \_\_\_\_\_  
Phone # \_\_\_\_\_ Reason for Referral: \_\_\_\_\_

Patients referred by veterinarians will receive services related to the presenting problem only. Clients are requested to return to their regular veterinarian for all other work. In certain instances, a follow-up visit related to the presenting problem may be done at our hospital.

## How did you hear about Hollywood Animal Hospital?

Clinic sign: \_\_\_\_ Angie's List: \_\_\_\_ Google: \_\_\_\_ Word of mouth: \_\_\_\_ Phone Books: \_\_\_\_

YP.com: \_\_\_\_ Website: \_\_\_\_ YELP: \_\_\_\_ Channel 10 \_\_\_\_

Will you allow us to post your pet's image on our website or Facebook page? Y\_\_\_\_ N\_\_\_\_

## PAYMENT POLICY

All fees are due at the time services are rendered. We accept Cash, Checks, All Major Credit Cards and offer Care Credit for Surgical and extensive Medical Services.

A deposit is required when an animal is admitted for medical / surgical services. This is 75% of the initial estimate. You may be required to leave additional monies for a lengthy stay in the hospital. The remainder of the payment is due upon discharge of your pet.

My signature indicates that I understand that I am responsible for all fees incurred in treating my pet.

Signature: \_\_\_\_\_