

New Client & Pet Information

Client ID _____ Appt. date _____ Time _____ Staff Initials _____

How Did You Hear About Us?

- Friend/Family (name) _____
 Internet
 Facebook
 Next Door App
 Perryville Pet Website
 Event _____
 Other _____

Client Information

Primary Name _____
Last
First
MI
Secondary Contact Name

Address _____
Number and Street
City
State
Zip Code

Client Email Address _____ Client D.O.B _____

Client Phone _____
Home
Work
Cell

Spouse/Other Phone _____
Work
Cell

*Initials _____ I give Perryville Pet Hospital permission to include photos of, or references to my pet(s), on our website or any social media (your personal information will never be shared).

*Initials _____ *No I do not give permission.*

Pet Information

	PET 1	PET 2	PET 3	PET 4
Name				
Dog or Cat				
Breed				
Color/Markings				
Age/D.O.B				
Male or Female				
Spayed/Neutered				

Reason for visit _____

Who Was Your Previous Veterinarian?

Clinic Name _____ Clinic Phone Number _____

I understand that payment is required at the time services are rendered. I hereby authorize the staff at Perryville Pet Hospital to render any treatment which is deemed necessary to the health of my pet(s) while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representatives before, if time permits, proceeding the treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. I understand that a non-refundable deposit of \$50.00 is required for a NEW pet exam to secure the appointment. I understand that any unpaid balance over 60 days may be sent to a third party collections agency, with all fees for collections services added to the balance for services.

Download this form, fill it out and email it to: pph@perryvillepet.com or print it and bring it with you to your appointment.

Deposit taken: Y N

Signature of Owner/Agent/Good Samaritan _____

Date _____