



Client and Patient Information Form

CLIENT INFORMATION

Owner's Name: _____ Co-Owner(s): _____

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

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

*Emails are utilized for reminders and hospital communications only.

Employer's Name & Address: _____

Driver's License # _____ Exp.: _____ Date of Birth: _____

*Used for Medication Dispensing

Social Security # _____ (required for us to accept checks)

PATIENT INFORMATION

	<i>Pet #1</i>	<i>Pet #2</i>	<i>Pet #3</i>
Name			
Species (Dog, Cat, etc.)			
Breed			
Date of Birth/Age			
Color/Markings			
Gender	Male/Female	Male/Female	Male/Female
Neutered/Spayed	Yes/No	Yes/No	Yes/No
Microchip #			
Allergies to Medications/Vaccinations			

Previous or current veterinarian: _____

How did you hear about us? Sign/Drive-by Yellow Pages Yelp Google Facebook HAV Website

If one of our clients referred you, please let us know so we can thank them: _____

MEDIA RELEASE

I agree that Hearts Alive Village may use photographs of me and/or my pet with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. OPT IN OPT OUT

PAYMENT AGREEMENT

For your convenience, we accept cash, checks, Visa, MasterCard, Discover, American Express, Scratchpay, & Care Credit. We can provide a written estimate any time at your request. I/we, the undersigned, agree the fee(s) charged are a legal and lawful debt, and I/we agree to pay said fees, including the cost of collection, attorneys' fees and court and waiving now and forever any right to claim exemption under the constitution and laws of Nevada, or any other state. I/we the undersigned have read and acknowledge the above conditions of this hospital.

Signature of Owner or Responsible Party

Date