

## CLIENT INFORMATION FORM

*Thank you for giving Airpark Animal Hospital the opportunity to care for your pet. Please complete the information below for our records. Thank you.*

Date: \_\_\_\_\_

Mr./Ms./Mrs. \_\_\_\_\_  
First Name                      Middle Initial                      Last Name

Address: \_\_\_\_\_  
Street Name and Number

\_\_\_\_\_   
City                                      State                                      Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
*(This will be used only for notices regarding your pet's health and will not be shared with any third party)*

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ *(so that we may accept personal checks)*

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Employer: \_\_\_\_\_  
Name of Company                      Address

Spouse Name: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_  
Name of Company                      Address

Spouse Phone: \_\_\_\_\_

How did you hear of Airpark Animal Hospital?

- Newspaper
- Friend/Relative
- Our Sign
- Veterinarian Referral
- Yellow Pages Ad
- Other: \_\_\_\_\_

The staff at Airpark Animal Hospital is committed to bringing you the highest quality of care for your pet each and every time you contact us. To ensure high quality care, we require payment at the time of service. By signing below you are confirming that you have read and understand Airpark Animal Hospital's financial policy. You also acknowledge that if you are invoiced for any reason, failure to make payment will result in a monthly billing charge of \$5.00 and finance charge of 1.5% on any unpaid balances. By signing this form, you agree that in the event your account is referred for collection, you are responsible for all collection expenses, including court costs and attorney's fees.

\_\_\_\_\_  
Signature of Pet Owner

\_\_\_\_\_  
Date