

New Client Information Form

Client Id# {ID}

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

Mr./Ms./Mrs. _____
First Name Middle Initial Last Name

Address: _____
Street Name and Number

City State Zip

Primary Contact Number: Home: _____ Cell: _____
Work: _____

- Would you like to add a secondary name to your account? **If yes, please complete the following for the secondary name:**

First Name Middle Initial Last Name Relation: _____

Contact Number: Home: _____ Cell: _____
Work: _____

- Would you like for us to send emails regarding your pet's health (i.e. vaccination reminders)? Y or N
If yes, please indicate an email address: _____

- If you have a preferred veterinarian(s) that you wish to see, please check the preferred below:

Dr. Herrick Dr. John Kable Dr. Gibson Dr. Vanous Dr. Ben Kable Dr. Illuzzi
 Dr. Mazzochette Dr. Ownes Dr. Superczynski Dr. Kennedy

- Do we have permission to post pictures of your pet(s) on our social media? Yes No

- ***The following information is **only** required if you will be using a check as a method of payment at Airpark Animal Hospital, either today or in the future. If you will not be using a check, please leave this section blank. (See back)***

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Drivers License #: _____ State Issued: _____

OR

Social Security Number: _____-_____-_____

Pet(s) Information:

Name: _____ Date of Birth **or** estimated age: _____

Sex: Male Female Alerted: Yes No Microchipped: Yes No

Breed: _____ Color: _____
for example Boston terrier mix NOT mix or terrier mix

Name: _____ Date of Birth **or** estimated age: _____

Sex: Male Female Alerted: Yes No Microchipped: Yes No

Breed: _____ Color: _____
for example Boston terrier mix NOT mix or terrier mix

Name: _____ Date of Birth **or** estimated age: _____

Sex: Male Female Alerted: Yes No Microchipped: Yes No

Breed: _____ Color: _____
for example Boston terrier mix NOT mix or terrier mix

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