

New 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.

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

Address: _____
Street Name and Number

City State Zip

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

- 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: _____

- 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.*****

Drivers License #: _____ State Issued: _____

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