

## CLIENT INFORMATION

(Please fill out completely both sides)

Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone - Home \_\_\_\_\_ Cell \_\_\_\_\_ Work- \_\_\_\_\_

Email \_\_\_\_\_ Today's Date \_\_\_\_\_

Who else has permission to be making treatment decisions for your pet(s)?

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Who was your previous veterinarian? \_\_\_\_\_

Previous Records Received            Yes    No

I, \_\_\_\_\_, give Brockport Animal Hospital permission to release my pet's vaccination record to:

Animal Rescue Organizations (such as humane society and dog wardens)

Town Clerk (so my pet can be licensed)

Medical Personnel (in case of human injuries)

Boarding Facilities

I also understand anyone else calling for information regarding my pet's vaccination and medical information will not be given any information with out my consent either in writing or by phone.

Date \_\_\_\_\_ Signed \_\_\_\_\_

**Turn over and complete other side please**

**CLIENT INFORMATION CONTINUED**

(Please fill out completely)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Copy of License Supplied      Yes or No

Social Security Number \_\_\_\_\_

**Spouse/Partner's Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Cellular Number \_\_\_\_\_ Work Number \_\_\_\_\_

Driver's  
License \_\_\_\_\_

Copy of License Supplied      Yes or No

Social Security Number \_\_\_\_\_

Payment is expected at time of service. For your convenience we do accept Master Card, Visa, Discover, Personal Checks (provided a copy of driver's license is provided), and Cash. On occasion you may have a balance left on account. All unpaid balances over thirty (30) days will be charged an interest rate (finance charge) at the rate of one and one-half percent (1.5%) per month which is an annual percentage rate of eighteen percent (18%) of the current balance or a minimal four dollars and fifty cents (\$4.50) finance charge which ever is greater. You understand and agree you are responsible for all charges and if in the event your debt is turned over to a collection agency or an attorney, you will be responsible for payment of all legal and collection expenses. By signing this client application for Brockport Animal Hospital, you understand that this creates a legally binding contract.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_