



STACK HOSPITAL FOR PETS
AAHA/Member American Animal Hospital Association

Client # _____

CLIENT INFORMATION

(OWNER MUST BE 18 YEARS OF AGE)

UPDATED

Owner _____ Spouse/Other _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Employer's Name & Address _____

Spouse's Employer's Name & Address _____

Spouse's Cell Phone _____ Spouse's Work Phone _____

Others authorized by you to pick up/drop off your pet _____

PET INFORMATION

Circle all that apply: CANINE FELINE MALE NEUTERED FEMALE SPAYED

Pet's Name _____ Breed _____

Date of Birth _____ Color _____

Microchip # _____

(All pets admitted must be current on all vaccinations and free of internal and external parasites or they will be treated at the owner's expense)

Please credit any source that referred you to our hospital _____

PAYMENT INFORMATION

In an effort to keep costs down, we request payment at time of service

WE DO NOT DO BILLING / ACCEPT POST DATED CHECKS / HOLD ANY PAYMENTS

We accept MasterCard, Visa, American Express, Discover, and Care Credit

Ask about our Stack Hospital for Pet's Prepaid Health Program

IF YOU ARE OR EVER WILL BE PAYING BY CHECK, THE FOLLOWING INFORMATION MUST BE PROVIDED, ALONG WITH A COPY OF YOUR STATE DRIVERS LICENSE:

Owner's Date of Birth _____ Owner's Driver License # _____

In the event that my account must be referred for collection to any attorney or agency because of nonpayment for any reason, including checks for insufficient funds or stopped payments, I agree to pay interest of 1½% per month, as well as costs and reasonable attorney and/or collection agency fees.

Owner's Signature _____ Date _____