ROTTERDAM VETERINARY HOSPITAL

New Client Form

Date:_____

Owner's Name:_____ Spouse / Other's Name: _____

Address(Mailing): _____

City:_____ State:_____ Zip:_____ Social Security Number:_____

Home Phone:_____ Cell Phone:_____

Employer's Name & Address:_____

Spouse/Other's Employer & phone: _____

At what time_____and at what phone number_____is the best time to call about your pet?

In case of EMERGENCY, please call:_____ Phone: _____

E-Mail Address: _____

We will gladly prepare a written estimate if you desire. Please ask the receptionist or Doctor.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Please check intended form of payment for today, we do not accept checks.

☐ Cash ☐ Visa ☐ Mastercard ☐ Discover ☐ Care Credit

Signature: _____

How did you first hear of our hospital?

☐ Individual – Someone we may thank? _____

☐ Hospital Sign ☐ Online ☐ Yellow Pages ☐ Other:_____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINATION AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the hospital to provide vaccines and parasite control as needed for my pet.

Signature: _____

Total number of pets in household: _____Dogs _____Cats _____Other

COMMENTS:_____

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