

Fairview Animal Hospital and Laser Center

New Client Information

Welcome to Fairview Animal Hospital and Laser Center. Thank you for giving us the opportunity to care for your pet. Please feel free to ask any questions you may have at any time. In order that we may serve you better, please fill out this form completely.

Thank you!

Owner's Name: _____ Social Security #: _____

Address: _____ City: _____ St. _____ Zip _____

Employer Name: _____ City: _____

Driver's License #: _____

Home Phone #: _____ Work Phone #: _____ Other Phone #: _____

Spouse/Co-Owner: _____ Social Security #: _____

Employer Name: _____ City: _____

Co/Owner Phone #: _____ Co/Owner Work Phone #: _____

Pet's Name(s) _____ Dog _____ Cat _____ Other _____ Male _____ Female _____

Breed _____ Color _____ Age _____ Spayed/Neutered? _____

Name _____ Dog _____ Cat _____ Other _____ Male _____ Female _____

Breed _____ Color _____ Age _____ Spayed/Neutered? _____

Name _____ Dog _____ Cat _____ Other _____ Male _____ Female _____

Breed _____ Color _____ Age _____ Spayed/Neutered? _____

All animals hospitalized are required to have vaccinations current; these include distemper, parvovirus, kennel cough, and rabies for dogs, and distemper and rabies for cats. In addition, all boarding animals are required to have a stool check for parasites within the last three months.

How did you hear of our Hospital? Friend - Someone we may thank? _____

Flyer or Newsletter _____ Sign _____ Yellow Pages _____

Location _____ Other _____

I hereby authorize Fairview Animal Hospital and Laser Center to examine, prescribe for, and treat my pets described above. I understand that I am financially responsible for all charges incurred during my pets stay, and that these charges will be paid at the time of release. I also understand that a deposit may be required for treatment.

Signature of Owner/Agent _____ Date _____