

Welcome to Archer Animal Hospital

CLIENT INFORMATION

OWNER'S NAME: _____
SPOUSE OR OTHER AUTHORIZED PERSONS: _____
MAILING ADDRESS: _____ APT #: _____
CITY: _____ STATE: ___ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____ COUNTY: _____
PLACE OF EMPLOYMENT: _____ CITY: _____
E MAIL ADDRESS _____ CELL # _____

PLEASE PROVIDE DRIVER LICENSE FOR CHECK WRITING PRIVILEGES:

(COPY OF DRIVERS LICENSE): necessary if you intend to write a check.

DRIVER'S LICENSE NUMBER: _____ SEX: _____ RACE: _____
DATE OF BIRTH: _____ HEIGHT: _____ EYES/HAIR COLOR: _____/_____

***** N O T E: ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE! *****

PAYMENT METHOD TODAY AND FUTURE VISITS? CASH ___ CHECK ___ CREDIT /DEBIT ___

I UNDERSTAND THAT THE INFORMATION PROVIDED ABOVE IS FOR CHECK PAYMENT PURPOSES ONLY AND IS THEREFORE CORRECT. PLEASE SIGN AND DATE BELOW.

SIGNATURE: _____ DATE: _____

PET PATIENT INFORMATION (PLEASE LIST ALL ANIMALS)

PET'S NAME: 1) _____ 2) _____ 3) _____

CANINE or FELINE _____/_____/_____

BREED: _____/_____/_____

COLOR: _____/_____/_____

DATE OF BIRTH: _____/_____/_____

SEX: M F M F M F

SPAYED OR NEUTERED YES NO YES NO YES NO

ALLERGIES: _____

UP TO DATE ON VACCINATIONS? Y/N Y/N Y/N

HOW DID YOU HEAR ABOUT OUR HOSPITAL? _____

***** CLIENTS RECEIVE A \$25..00 CREDIT ON THEIR ACCOUNT FOR REFERRALS *****

NOTE: FOR THE SAFETY OF YOUR ANIMAL, YOURSELF AND OTHERS, ALL ANIMALS MUST REMAIN ON A LEASH, IN A CARRIER OR BE OTHERWISE RESTRAINED.