



Client ID #: \_\_\_\_\_

# CLIENT INFORMATION

Welcome to Hawthorne Hills Veterinary Hospital.  
The following information will help us to serve you better.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Owner:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer/Occupation:** \_\_\_\_\_

**Email:** \_\_\_\_\_ For health information and reminders for your pet

What is the best time of day \_\_\_\_\_ to contact you regarding care for your pet? Which number below?: \_\_\_\_\_

**Primary (#1) Phone #:** \_\_\_\_\_ (name) \_\_\_\_\_  Home  Cell  Work

#2 Phone #: \_\_\_\_\_ (name) \_\_\_\_\_  Home  Cell  Work

#3 Phone #: \_\_\_\_\_ (name) \_\_\_\_\_  Home  Cell  Work

In case of EMERGENCY, please call \_\_\_\_\_ at telephone # \_\_\_\_\_

How did you first hear of our hospital?  Friend. Whom may we thank? \_\_\_\_\_

Hospital Sign  Yellow Pages  Web Page  Other \_\_\_\_\_

We consider our pet(s):  Part of the Family  Just as pets  I have pet insurance for my dog/cat

**During future visits, it is important to see the same doctor:**  Always  Yes, if possible  Not a concern

If at any time you prefer to see a specific doctor, please let our staff know. We will do our best to accommodate your request.

## PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly prepare a written estimate if you desire. Please ask the staff or doctor.

We accept MasterCard, VISA and cash. Payment by check requires prior approval of the Hospital Coordinator.

Do you qualify for our senior citizen discount? (65 +)  No  Yes - please show your driver's license \_\_\_\_\_

[staff initials]

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

**Signature of Client Responsible for Pet(s)** \_\_\_\_\_

Visit our website at: [hhvh.net](http://hhvh.net) Ask us about activating a "PET PORTAL" for your pets

**Office Use Only:** Credit Card Authorization on File  Verified by: \_\_\_\_\_ and \_\_\_\_\_ Date: \_\_\_\_\_

(Recpt. Staff) (DVM/Hosp. Cord.)