

PATIENT/CLIENT INFORMATION

*Thank you for giving us the opportunity to care for your pet.
We truly value the human-animal bond and strive to treat your pets just as we would our own.
Please take a moment to complete both sides of this information sheet.*

Date: _____

Owner #1 Name _____

Home# _____ Mobile# _____ Work# _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____ TDL# _____

Owner #2 Name _____

Mobile# _____ Work# _____ TDL# _____

In case of EMERGENCY, alternate contact name: _____ Phone# _____

How did you first hear of our hospital?

- Individual; someone we may thank? _____
- Website (www.tomballanimalhospital.com)
- Google
- Facebook
- Hospital Sign

To prevent the spread of infectious diseases and parasites, any patients entering our kennel ward, must be current on all vaccines and free of internal and external parasites. I authorize the veterinarian to provide vaccines and parasite treatment as needed for my pet.

We will gladly prepare a written estimate if you desire. Please ask the receptionist, technician or doctor. Professional fees are due at the time services are rendered. We accept cash, check (with valid TDL), AmEx, Discover, M/C, and VISA. We also accept Care Credit if you desire a payment plan option (please see the receptionist for more information). Should it become necessary to forward any debt incurred with Tomball Animal Hospital, P.C., I agree to be responsible for any and all collection costs, attorney fees, and/or court costs. Any unpaid balances will be subject to a finance charge of 1.5% per month, (18% APR).

By signing below, I am stating the above information provided is true and correct, and I have read and understand the practice policies as explained in its entirety.

Signature of Owner

Date

(Please Complete Back)