

**SUMMIT ANIMAL HOSPITAL**  
**Client Information Form**

Thank you for giving us the opportunity to care for your pet(s).  
Please help us meet your needs better by taking a moment to complete this form.

Name (Mr./Mrs./Ms./Miss/Dr.): _____ Spouse/ Partner (Mr./Mrs./Ms./Miss/Dr.): _____ Address : _____ City: _____ State: _____ Zip Code: _____ Email: _____	Home/Primary: (____) _____ name Work: (____) _____ name Work: (____) _____ name Cell: (____) _____ name Cell: (____) _____
Would you like to receive vaccine reminders and Hospital news via email? ( ) Yes ( ) No	
Who can we thank for referring you to our practice? ( ) friend/family- name: _____ ( ) Coupon/Ad ( ) Sign ( ) Location ( ) Humane Society ( ) Pet Store ( ) Internet/Webpage ( ) Yellow Pages ( ) Other _____	
Emergency contact and number: _____	
Previous Veterinarian and number: _____	

**PET INFORMATION**

Pet Name: _____ Species: ( ) Dog ( ) Cat ( ) Other _____ Breed: _____ Color/Description: _____ Date of Birth or Age (best guess): _____ Sex: _____ ( ) Female / ( ) Spayed _____ ( ) Male / ( ) Neutered _____ Microchip Number & Company: _____ Known Allergies: _____ Chronic Illness/Disease: _____
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Payment in full is required at the time of services. Estimates are provided upon request.  
There is a minimum \$25.00 service charge on returned checks.  
Payments accepted are: cash, check, debit, Visa, MasterCard, American Express & Discover  
Are you eligible for 5% senior discount? (Age 60+) ( ) Yes

In the event of an emergency, it is expressly understood that the hospital and its authorized personnel shall have the authority and permission to prescribe for, treat, and/or perform surgery upon the pet (s) described above. I authorize this hospital to treat the pet(s) above and I agree to be financially responsible for any costs thereof.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_