# Wallburg Animal Hospital

New Client/Patient Admission Form Date:_____

**Client Information**

**Owners Name:**_____

First MI Last

**Spouse's Name:**_____

First MI Last

**Home Address**_____

Street address

_____

City State Zip code County

Home Phone Number_____ Owner's Cell_____

Spouse Cell Phone_____ Other Number_____

Owner place of employment_____ Work Number_____

Spouse place of employment_____ Work Number_____

Email address_____ may we send email reminders (Y) (N)

**New government regulations require us to view your federal issued photo ID (driver's license) for all new client visits and we may also ask to see it when paying with checks and credit cards. We apologize for any inconvenience. These laws are put into place to help prevent identity theft.**

** Driver license number_____ State_____ Other ID_____

Who can we thank for referring you to us?_____

**Pet(s) Information:**

**Pets Name: _____ Pet's Birthdate/Age**_____

Breed_____ Color_____ Male or Female (circle) neutered/spayed

Special identification markings on body?_____ Microchip (Y) (N)

Current Medications if Any:_____

Previous veterinary care by_____ City/State_____

May we call to have your records faxed over in order to get vaccination, physical and health info?_____

How do you plan to pay for services today. Cash___Check___ Visa/MC/Disc/Amex____Care Credit_____

***Payment is expected at the time services are rendered. We do not offer any charging/billing***

***I understand that payment is due at the time services are rendered and that a $ 35.00 fee will be charged for any returned checks. All past due accounts will be subject to a monthly billing fee and interest will be charged on any overdue amount. I hereby authorize the veterinarian(s) to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the above pet(s). I also understand that these charges will be paid at the time of release and that a deposit may be required at any time.***

***Signature:***_____