



Allied Animal Hospital
 7209 W. Broad St
 Richmond, VA 23294
 Phone: (804)672-7200 Fax: (804)755-1262
 www.alliedanimalhospital.com

Client Information

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best possible care, please take the time to fill in this form completely. Thank you!

Name _____ Date _____
Last name First name M.I.

Social Security # _____ Driver's License # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Business Phone _____

Spouse or Co-owner _____ Business Phone _____

Emergency Contact _____ Emergency Phone _____

E-mail address _____

Number of pets: Dogs _____ Cats _____ Other (specify) _____

How did you learn about our practice?

Yellow pages Internet Sign Drove by

Recommendation Other _____

All Fees Are Due At the Time Services Are Rendered.

Please indicate your choice of payment. Cash/Check Visa MasterCard

I hereby authorize the veterinarian to examine, prescribe medications for, or treat my pet or pets. I assume responsibility for all charges incurred in the care of my pet or pets. I also understand that these charges will be paid at the time of release.

I hereby agree that should my account fall into default status either state's legal maximum interest or 1.5% monthly shall be assessed. In addition, customer agrees to pay the company any collection agency and attorney fees incurred, bringing account current.

Signature _____ Date _____

