



We are pleased to welcome you to our practice. Please take a few minutes to fill out this form **completely**. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information

Your Name: _____
Spouse/Co-Owner: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ E-mail: _____
Drivers Lic #: _____ Social Security #: _____
Your Employer: _____ Occupation: _____
Your Employer's Address: _____
Spouse's Drivers Lic #: _____ Social Security #: _____
Spouse's Employer: _____ Occupation: _____
Spouse's Employer's Address: _____
Spouse's Work Phone: _____ Spouse's Cell Phone: _____
Email: _____
Children in household: Name(s): _____ Age(s): _____

How did you hear about our hospital?

Is there someone we can thank for referring you?

Notify in case of emergency (other than owner or co-owner)

Home Phone _____ Work Phone _____ Cell: _____

I UNDERSTAND THAT ALL SERVICES ARE PAID FOR WHEN THEY ARE RENDERED

Please Circle Your Method Of Payment: Cash Check Visa Mastercard America Express Discover Care Credit

I hereby authorize the staff of Maze Animal Hospital to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or the designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

Signature of owner or responsible party: _____ Date: _____