

Cornerstone Animal Hospital, P.A.

CLIENT INFORMATION

Welcome to Cornerstone Animal Hospital. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete this information sheet.

Your Name/Title _____ Spouse/Other _____
(last name) (first name)

Children's Names (optional) _____

Address _____ City _____ Zip _____

Home Telephone _____ Your Work Telephone _____

Cell Phone _____ Cell Phone (Spouse) _____

Your Email Address _____ Spouse/Other Email _____

Your Employer _____ Employer Telephone _____

Spouse's Employer _____ Employer Telephone _____

In case of EMERGENCY, please call _____ @ Telephone _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign Direct Mail Brochure Yellow Pages Ad Newspaper Location

Website Referred by _____

PAYMENT GUIDELINES

- At your request, we will gladly discuss cost of services and/or prepare a written estimate for recommended procedures.
Professional fees are due at the time services are rendered.
Deposits may be required for pets being admitted.
We accept ONLY cash or credit cards (VISA, MasterCard and Discover Card) from clients less than 1 year with our practice. We will accept checks from clients who have been with us for at least one year and whose accounts are in good standing. There is a \$35.00 fee for returned checks.

To prevent the spread of infectious diseases and parasites, animals must be current on all vaccines. Pets with fleas will be treated with a topical or oral flea medication on admission, and the prescription price will be included in the invoice.

I have read and understand the Payment Guidelines above.
I authorize administration of vaccines and parasite control as needed for my pet(s).

SIGNATURE _____ DATE _____