

# Pointe South Animal Hospital

## PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Pointe South Animal Hospital the opportunity to care for your pet.  
So that we may become better acquainted, please complete the following:

NCDL# \_\_\_\_\_ (Required if paying by any method other than cash)

OWNER(S) \_\_\_\_\_ SPOUSE'S \_\_\_\_\_  
LAST FIRST INITIAL LAST FIRST

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PRIMARY PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

SPOUSE'S PLACE OF EMPLOYMENT \_\_\_\_\_

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?  
 YELLOW PAGES     HOSPITAL SIGN     WEB PAGE     OTHER

### PAYMENT POLICY

**All fees must be paid in full at the time services are performed or upon discharge from the hospital.  
Any exception to this policy must be authorized prior to the performance of any service.**

How will you be paying for the services you receive today?     Cash     Check     Credit/Debit Card

### PET INFORMATION (Please fill in the following for each pet)

	PET 1	PET 2	PET 3
NAME			
BREED			
DATE OF BIRTH			
DESCRIPTION (color)			
SEX			
SPAYED OR NEUTERED?	Y    N	Y    N	Y    N

If your pet stays at our hospital for any reason and is found to have external parasites (fleas, ticks, etc.), you will be financially responsible for the topical treatment we administer to your pet.

\_\_\_\_\_  
CLIENT'S SIGNATURE

Again, thank you for giving us the opportunity to serve you.