

CLIENT/PATIENT FORM

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

Client Information

Date _____

Name _____ Home # _____ Alt/Cell phone _____

Address _____ City _____ State _____ Zip _____

Place of Employment _____ Best time to reach you _____ Work # _____

Driver's License# _____

Spouse/Other Name _____ Alt/Cell # _____ Work# _____

E-mail address: _____ Would you be interested in receiving email reminders? _____

We respect your privacy and will not share your email address with third parties.

How did you become aware of our clinic? _____ Previous Fairway Animal Hosp. Client

Personal Recommendation (Whom may we thank?) _____

Patient Information

Name _____

Breed _____

Date of Birth _____

Color _____

Sex _____

Neutered/Spayed _____

When did your pet last receive vaccinations? _____

Clinic name _____ Phone# _____

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? _____

Is your pet on any special diets or medications? _____

I give Fairway Animal Hospital permission to include any photographs and/or comments from customer satisfaction surveys on Fairway Animal Hospital's website and other promotional information.

I understand ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and that a deposit is required for any hospitalized pet. We will gladly prepare a written estimate if you desire (please ask a doctor or receptionist). There will be a service charge for any check returned unpaid.

Signature of client responsible for pet(s) _____ Date _____