

This will be kept in a locked safe - Required for Payment Services

PRINT Name:	Social Security Number:	Drivers License:	State:

GOVERNORS AVENUE ANIMAL HOSPITAL

PET OWNER INFORMATION

Are you a new client? Please Circle YES NO	How did you hear about us so we may send a note?			
Last Name:	Middle:	First Name:		
Street Address:		E-Mail Address:		
City:	State:	Zip:	Date of Birth:	Age:
Home Phone Number:	Cell:	Daytime Contact Number:		
Employer:	Employer Phone Number:			
Employer Address:	City:	State:		
Alternate Contact for Governors Avenue Animal Hospital				
Last Name:	First Name:		Relationship:	
Home Phone Number:	Cell:	Employer Phone Number:		
Emergency Contact:	Phone Number:			

PAYMENT IS DUE WHEN SERVICES ARE RENDERED

Method of payment : CASH CREDIT DEBIT CARECREDIT *CHECK

*** Please note: New clients must allow six months of service before checks are accepted.**

Returned checks will be charged a \$20.00 fee + additional fees from Federal Check Recovery. If you don't pay the balance in full and your account is turned over to collections a 30% fee will be accessed.

By signing this form I verify that I am at least 18 years of age and the above information is true to the best of my knowledge. I understand that I am financially responsible for all fees and am aware that payment is due at the time of service. I authorize Governors Avenue Animal Hospital to release any information requested by animal control and/or other veterinary practices.

Signature: _____

Date: _____