Patient/Client Information

Welcome to our hospital! Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by carefully completing this information sheet and returning it the hospital.

Sincere thanks,
Dr. Satterfield and Staff

REQUIRED INFORMATION: (this section must be filled in COMPLETELY)

Owner's Name: _____ Spouse/Other: _____

Address: _____City: _____ State: _____ Zip:_____

Home Phone: ( )_____ Work Phone: ( ) _____

At what time (_____) and at what number (_____) is it best to call about your pet?

In case of emergency, please call _____ at telephone number _____.

Driver's License #: _____ Exp. Date: _____ State: _____

Social Security #: _____ Date of Birth: _____

Preferred Method of Payment: Cash _____ Check _____ Credit Card _____

ADDITIONAL INFORMATION:

Cell Phone: ( ) _____ Fax #: ( ) _____

Alt. Home #: ( ) _____ (**Email for newsletters/reminders below)**

Alt. Work #: ( ) _____ **Email:** _____

Employer's Name and Address: _____

Spouse/Other's Employer and Address: _____

Pet's Name: _____ **Species:** Dog Cat Other: _____

Breed: _____ **Color:** _____

Sex: M F **Neutered:** Yes No **Date of Birth:** _____

How did you first hear of our hospital/referral? _____

When was your pet's last visit to a veterinarian? _____

At which hospital? _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, *HOSPITALIZED AND BOARDED* ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. THE NORWICHTOWN VETERINARY HOSPITAL WILL CONTACT YOU IN THE EVENT THAT YOUR PET NEEDS APPROPRIATE VACCINES AND/OR PARASITE CONTROL.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We will gladly prepare a written estimate if you desire. Please ask the receptionist, technician, or doctor.

I, _____, residing at _____, hereby agree to be fully responsible for payment of all fees for services performed upon _____, including any amount not covered by insurance I may have. I further agree to pay any collection costs, including but not limited to attorney's fees, court costs, and/or collection costs, which may arise from nonpayment of my account.

Signature: _____ Date: _____ (printed from website)