

# NEW PATIENT FORM SCOTTSVILLE ANIMAL HOSPITAL CLIENT INFORMATION

Date \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Road Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Drivers License \_\_\_\_\_ Social Security \_\_\_\_\_

How did you become aware of our hospital?  Drove By  Yellow Pages  Other

Personal Recommendation (Whom may we thank?) \_\_\_\_\_

PATIENT INFORMATION	PET #1	PET #2	PET #3
NAME			
BREED			
DATE OF BIRTH OR AGE			
COLOR			
MALE OR FEMALE			
SPAYED OR NEUTERED			

**May we photograph your pets to use for our website, Facebook and/or other educational purposes? Yes ( ) or No ( )**

### Financial Policy

Thank you for choosing SAH. Our primary mission is to deliver the best and most comprehensive veterinary care available for your animals. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options.

**Payment Options:**

- Cash, Check, Visa, MasterCard, American Express, or Discover
- Convenient Monthly Payment Plans from CareCredit
  - Allow you to begin treatment today and pay over time
  - Available for any treatment amount
  - Can be used repeatedly-for your entire family- without having to reapply.

For some treatments or hospitalized care, a deposit may be required. Healthcare plan requiring comprehensive care will require a 75% deposit to begin your animal's treatment.

SAH charges a \$35 for returned checks

What kind of reminder do you prefer for your annual visit? Text messages, Email, Phone call or Post card

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Today's Date