HILLSDALE veterinary group

# NEW CLIENT AND PATIENT INFORMATION

*Thank you for giving our hospital the opportunity to care for your pet. So that we may better understand your pet, please provide us with the following information:*

Owner(s): _____ Co-Owner: _____

Address: _____
(Street) (City, State) (Zip)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Co-Owner's Cell Phone: _____ Co-Owner's Work Phone: _____

Email: _____ ☐ Send me your newsletter ☐ I prefer email reminders

Emergency Contact: _____ Phone: _____

How did you become aware of our hospital? ☐ Web ☐ Facebook ☐ Hospital Sign

☐ Other ☐ Personal Referral – who may we thank?_____

☐ Check here if it is ok for us to use your pet's photo on our facebook page

| PATIENT INFORMATION | PET #1 | PET #2 | PET #3 |
|---|---|---|---|
| NAME | | | |
| SPECIES/BREED | | | |
| DATE OF BIRTH | | | |
| SEX; SPAYED/NEUTERED? | | | |
| LICENSE NUMBER/COUNTY | | | |
| MICROCHIP ID | | | |
| ADDITIONAL MEDICAL INFO: ALLERGIES, SPECIAL DIET, MEDICATIONS, ETC | | | |
| Please request records from the following clinic(s): | | | |

Due to the escalating costs of doing business, we are unable to provide billing services.

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**