



Wright Animal Hospital

Client Information Form

Welcome! Thank you for choosing us to care for your loved ones.

(Please Print)

Owner: First _____ Last _____

Address: _____ City: _____ State: ___ Zip: _____

Phone Numbers: Home (_____) _____ Work (_____) _____ Cell (_____) _____

Preferred Contact: Circle One - Phone Work Cell

E-mail Address: _____

We like to thank those that have referred you to us. Please provide the name or source that referred you here:

Secondary Contact: Name - _____ Relationship: _____

Address if different than above:

_____ City: _____ State: _____ Zip: _____

Phone Numbers: Home (_____) _____ Work (_____) _____ Cell (_____) _____

E-mail Address: _____

Pet Information:

Pet Name	Sex	Neutered/ Spayed?	Age/Birthdate	Color	Breed	Canine/Feline

Payment Policy: Payment is required at the time services are rendered.

For your convenience we accept cash, checks, VISA, Master Card, and Discover. In the unlikely event that we must use a collection agency, The Client (Pet Owner) will be responsible for any collectin fees. There will be a \$25.00 fee for any returned checks.

How will you be paying today? Please circle one - VISA MASTERCARD DISCOVER CHECK CASH CARE CREDIT

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____