

PLEASE PRINT ACCOUNT NUMBER: _____

WELCOME TO COUNTY LINE ANIMAL HOSPITAL

CLIENT INFORMATION FORM

(PLEASE PRINT)

LAST NAME: _____ FIRST NAME: _____

CELL #: (_____) _____ ALTERNATE #: (_____) _____

EMAIL ADDRESS: _____ DRIVER'S LICENSE# _____

SPOUSE'S NAME: _____ CONTACT #: (_____) _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____
(Only if different) _____

HOW DID YOU LEARN OF OUR CLINIC? _____

***** A DEPOSIT IS REQUIRED ON ALL INPATIENT SERVICES *****

***** ALL FEES ARE DUE AND PAYABLE AT THE TIME OF RELEASE *****

***** WE ACCEPT AMERICAN EXPRESS, MASTERCARD, VISA, DEBIT, CASH, CHECK & CARE CREDIT *****

I, _____ do understand that the clinic and staff will use all reasonable precautions against injury, escape, or death of my pets. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that ANY problem that develops with my pet while I'm absent will be treated as deemed necessary by the staff veterinarians and I assume full responsibility for the treatment expense involved.

**WE ARE DEDICATED TO QUALITY VETERINARY CARE
THANK YOU FOR TRUSTING OUR CLINIC TO CARE FOR YOUR PET**

SIGNATURE: _____ DATE: _____

(Please turn over for pet information)

