

WELCOME TO HILLTOP PET CLINIC

Date: _____ Whom may we thank for referring you? _____

CLIENT INFORMATION

Owner's Name: _____
First Name Last Name

Owner's Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home#: () _____ Cell#: () _____

Owner's SS #: XXX-XX-______ Driver's License # & State: _____ Date of Birth: _____

Employer's Name: _____

Spouse or Friend: _____ Home #: () _____ Cell#: () _____

Spouse or Friend Email: _____

PET INFORMATION

Dog	Cat	Other	Pet's Name	Breed	Description/ Color	DOB or Age	Sex M/F	Spayed/ Neutered Y/N

Does this pet have any previous medical history or special items we should know about? If so, please describe:

Previous Veterinarian(S): _____

Payment due at time of service. We accept Cash or Credit Card (Discover, Mastercard, Visa and American Express).

There is a \$5.00 weekly charge on unpaid balances. Any unpaid balance after 30 days will be turned over to a collection agency. A \$35.00 fee will be added for collection charges or for returned checks.

I understand that I am responsible and liable for all charges and for any reasonable attorney fees and collection/court fees.

Client agrees to the above terms and to pay all charges: _____

Signature