



Can we send you Text messages for appt. reminders? ___YES ___NO
 (____) _____
 Cell phone number

DATE: _____

CLIENT/PET INFORMATION SHEET

Owner's Name _____
LAST NAME FIRST NAME SPOUSE/PARTNERS' FIRST NAME LAST NAME(IF DIFFERENT)

Address _____
NUMBER STREET CITY STATE ZIP COUNTY

Phone Numbers (____) _____ (____) _____ (____) _____
HOME WORK CELL NUMBER

Spouse's Work Number (____) _____ Spouse's Cell (____) _____

Email address _____

Please note: we will never share your email address with another organization.

May we send electronic reminders/newsletters to your email address? Y N

Who is primary decision maker for your pet? _____

Payment is expected at the time services are rendered. You are encouraged to discuss fees or ask for an estimate in advance. We accept cash, checks, Visa, MasterCard, Discover, Amex and Care Credit (for those that qualify).

We believe that practicing great medicine is our responsibility and payment is yours. Therefore, we do not establish personal accounts.

Driver's License # _____ State _____

Spouse/partners license # _____ State _____

Employer _____ Employer's Address _____ City, State, Zip _____

How were you referred to Glendale Animal Hospital? _____

PLEASE LIST EACH PET AND ITS INFORMATION BELOW:

Pet's Name _____ Breed _____ Color _____

Species (dog, cat, ferret, etc.) _____ Sex M F Spayed/Neutered Birthdate _____

Pet's Name _____ Breed _____ Color _____

Species (dog, cat, ferret, etc.) _____ Sex M F Spayed/Neutered Birthdate _____

I hereby authorize the staff of GAH to render any treatment which is deemed necessary to my pet(s) health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures deemed necessary. I understand that all professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.

Signature: _____
 Circle one: Owner Agent Good Samaritan