ANIMAL GENERAL OF CRANBERRY
Client Information Sheet

Owner's Name:_____
Last Name First Name MI Spouse's First Name

Address:_____
Number Street City State Zip

Phone Numbers:_____
Home Cellphone Spouse's Cellphone

E-Mail Address:_____

Referred By: ___ Friend ___ Company ___ Yellow Pages ___ Hospital Sign ___ Newspaper

___ Client: _____ ___ Veterinarian: _____

___ Other: _____

Driver's Lic. #: _____ **State:** _____ **D.O.B.:** _____ **SSN (Optional)** _____

Employer: _____ **Work Phone Number:** _____

Employer's Address: _____

Spouse's Employer: _____ **Spouse's Work Phone Number:** _____

Spouse's Employer's Address: _____

Please Sign the Following Authorization for Treatment:

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon any pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of $25.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. All accounts unpaid after 30 days receive a $5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of $1.00. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

X _____
Signature: Owner, Agent, Good Samaritan (Circle one)

Please Circle Your Method of Payment: Cash Check Credit Card