

Animal Ark and Animal Kingdom Pet Hospitals

CLIENT INFORMATION

Name _____ Co-owner _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____
NEEDED FOR REMINDERS

Driver's License Info _____ Date of Birth _____

Retired or Employed (Circle One) _____
PLACE OF EMPLOYMENT

How did you hear about us? _____

PET INFORMATION

Pet #1

Name _____ Birth Date _____ Cat / Dog / Other _____ (circle one)

Breed _____ Color _____ Male / Female / Spayed / Neutered (circle one)

Obtained from (circle one): Pet Store–Shelter-Private Owner-Rescue Group-Stray-Other _____

Previous Veterinary Clinic this pet taken to: _____

Chronic medical problems or surgery for this pet _____

Pet #2

Name _____ Birth Date _____ Cat / Dog / Other _____ (circle one)

Breed _____ Color _____ Male / Female / Spayed / Neutered (circle one)

Obtained from (circle one): Pet Store–Shelter-Private Owner-Rescue Group-Stray-Other _____

Previous Veterinary Clinic this pet taken to: _____

Chronic medical problems or surgery for this pet _____

HOSPITAL PAYMENT POLICY

- **PAYMENT IS EXPECTED IN FULL AT THE TIME SERVICES ARE PROVIDED.**
- WE ACCEPT CASH, CHECK, MASTERCARD, VISA, DISCOVER, CARE CREDIT

I grant Animal Ark and Animal Kingdom and its representatives the right to take photographs of my pet and publish on their facebook page and/or website. My personal information will not appear with any pictures.

I have read and agree to the above information

SIGNATURE