

WELCOME TO AMHERST ANIMAL HOSPITAL



OWNER INFORMATION:

Last Name: _____ First Name: _____ Spouse: _____

Street Address: _____ City: _____, State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Spouse Phone: _____

Cell Phone: _____ Spouse Cell: _____ Place of Employment: _____

E-Mail Address: _____

**you can receive reminders for your pet, communications from the doctors, newsletters, an invitation for Petly (a pet portal to view your pets' records) and more.*

How did you become aware of our hospital? Drive by/sign Phone Book Website Coupon
 Personal Recommendation _____ Other _____
(Whom may we thank?)

****THIS INFORMATION IS REQUIRED** for Financial & Accounting purposes.

Date of Birth: _____ Spouse's Date of Birth: _____ SS #: _____

PET INFORMATION:

Name: _____ Breed: _____ Color: _____

Date of Birth: _____ Age: _____ Male Female Spayed/Neutered

Any previous illness or surgeries? _____

Any allergies to vaccines or medications? _____

Special diets or medications? _____

Previous Veterinarian? _____

*****POLICY: All Fees Are Due At the Time Services Are Rendered!*****

We accept the following forms of payment: Cash, Check, MasterCard, Visa, Discover, American Express, and CareCredit.

NO SHOW FEE: A regular office visit/physical exam fee will be applied to your account and your responsibility to pay upon the 2nd failed/missed appointment. Any failed appointments thereafter will also be charged. (This is per account, not per pet).

A three (3) hour notice is required if cancelling an appointment, otherwise it will be considered a no show.

I have read and accept the above POLICY...

Sign Here X _____

