SOUTH TOWN Animal Hospital
Complete Veterinary Care

OWNER INFORMATION

Name:_____
Last First MI

Address:_____

City, State, Zip:_____ County: _____

Home Phone:_____ Work Phone:_____

Cell Phone:_____ Best # to call ☐ Home ☐ Work ☐ Cell

Co-owner:_____

Relationship to owner:_____Co-owner phone:_____

Employer:_____

Email Address:_____ ☐ Yes, email is okay ☐ No, please don't email

On occasion our doctors may contact you via email. Additionally, we'll send you patient reminders and our quarterly newsletter full of information to keep your pet happy and healthy. You can get off the list at any time by unsubscribing. We'll be sad and will miss you, but we promise we'll understand.

PATIENT INFORMATION (for all pets):

NAME	*BREED*	*BIRTHDATE or AGE*	*SEX*	*NEUTERED*	*COLOR*	*MICRO-CHIPPED?*	*STATUS (office use only)*
				Y / N			
				Y / N			
				Y / N			
				Y / N			
				Y / N			

Pet's Previous Vet/s:_____

May we use your pet's photo on Facebook, website or other media? ☐ Yes ☐ No

Are you 65 years or older to qualify for the senior discount? _____

Do you prefer communication via text? _____ If so the best number to reach you? _____

What cell phone carrier do you use for texting purposes? (AT&T, T-Mobile, Verizon, Other) _____

Name of pet insurance _____

How did you hear about South Town Animal Hospital?

□ Friend/family _____ □ Business_____ □ Anderson Animal Shelter □ Other shelter

□ Web search □ Facebook □ Location □ Yellow Pages □ Drive by

Payment is due at the time services are provided. We accept cash, check, Visa, Mastercard and Discover. A valid driver's license or state ID must be presented for check payments. Estimates are always available upon request. We participate in pet insurance plans where insurance reimbursement is paid to the client. Six-month no-interest payment plans are available through Care Credit for pre-approved clients. **I verify that all of the above information is correct and that I (we) am (are) the owner(s) / agent for the owner(s) of the animals listed above, and have the authority to make treatment decisions regarding their medical care (including euthanasia). I have read and I understand South Town Animal Hospital's payment policies listed above**

SIGNATURE: _____ DATE: _____