



CHELSEA ANIMAL HOSPITAL

Chelsea Animal Hospital is please to welcome you. Please take a few minutes to complete the following information. If you have any questions, we will be glad to help. In addition to maintain your pet's health, we look forward to getting to know you. *****REQUIRED AREAS ARE MARKED WITH ASTERICKS (***)*****

Client Information

*Name _____ Date _____
Last First MI

*Address _____

*City _____ *State _____ *Zip _____

*Home/Cell Phone _____ Work Phone _____

Spouse/ Alternate Cell _____

Email _____ *Driver's License _____

Employer _____ Spouse/Co-Owner _____

Date of Birth _____ How did you hear about us? _____

Pet Information

*Name _____ *(circle one) Canine / Feline

*Breed _____ *Color _____

*Date of Birth/ Approximate age _____ *(circle one) Male/ Female * Spayed/Neutered: Yes / No

*Identifications (circle): None/ Tattoo/ Microchip # _____

Payment

All professional fees are due at the time services are rendered. We accept checks, cash, care credit, as well as all major credit cards. We will gladly prepare a written estimate if you desire. There will be a 1.5% per month (18% annual interest) charge on any balance due more than 30 days. There will be a service charge of \$30 for all checks returned and unpaid. If any unpaid charges go to an attorney for collection, the owner agrees to pay all reasonable attorney fees and court costs associated with this process.

I understand and agree with the above statement.

*Owner Signature _____