



CHELSEA ANIMAL HOSPITAL

Dr. Greg Kelley and the staff at Chelsea Animal Hospital are pleased 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 maintaining your pets health, we look forward to getting to know you.

### Client Information

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name MI

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Spouse/Co-Owner Name \_\_\_\_\_

Email Address \_\_\_\_\_ Would you like reminders via email? \_\_\_\_\_

How did you hear about our hospital? \_\_\_\_\_

### Pet Information

Pet's Name \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_ Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Has your pet been spayed or neutered? \_\_\_\_\_

Does your pet have any type of identification? Tattoo \_\_\_\_\_ Micro Chip \_\_\_\_\_ If yes, number \_\_\_\_\_

For Additional Pets ask for Extra Sheet

### Payment

All professional fees are due at the time services are rendered. We accept checks, cash, Visa, Mastercard, and American Express. We will gladly prepare a written estimate if you desire (please ask a receptionist or Doctor). Payment is due upon receipt of service. 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 \$30.00 for all checks returned and unpaid. If any unpaid changes go to an attorney for collection, the owner agrees to pay all reasonable attorney fees and court cost associated with this process.

I understand and agree with the above statement

Owner Signature \_\_\_\_\_