

NORTH EAST ANIMAL HOSPITAL
 1771 W. Pulaski Hwy
 Elkton, MD 21921

Client Information:

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Work _____

Email _____

_____ Initial here if you would like to receive communications by text message. You may opt out at any time.

Co-Applicant:

First Name _____ Last Name _____

Home Phone _____ Cell _____ Work _____

Emergency Contact:

In the event of an emergency and I am not available to bring my pet in, I grant permission to the person listed below to seek medical treatment for my pet(s) on my behalf.

First Name _____ Phone _____

How did you hear about us?

Drove by _____ Internet _____ Client Referral (Who can we thank) _____

	Pet 1	Pet 2	Pet 3	Pet4
NAME				
SPECIES				
BREED				
DATE OF BIRTH				
COLOR				
SEX				
(SPAY/NEUTER) YES/NO				
ALLERGIES				
MEDICATIONS				
PREVIOUS VET				

Policies:

All refills **MUST** be called in 24-48 hours in advance, Prescription medications are non-refundable. Dogs must have been in for an exam in the past year, have a current heartworm test and our records must show no lapse in coverage in order to purchase heartworm prevention. All fees are due at the time of service. We accept cash, checks, credit cards (Visa, MasterCard, Discover and American Express) and Care Credit. I certify the above information is correct and hereby authorize you to make any inquiries you feel necessary to evaluate, verify or check my information via a credit file or other. I also understand that if I Default on any payments I will be responsible for collection fees, court cost, sheriff fees, late fees, interest and attorney costs. In consideration of other clients needing appointments please allow 24 hour notification to our clinic, failure to do so or not showing will incur a \$55.00 fee.

Signature _____

Date _____

I grant North East Animal Hospital permission to post my pets' pictures and/or story on the North East Animal Hospital Website or on social media.

Signature _____

Date _____

Entered By: _____ Date: _____