

**Welcome to Ada Hospital for Animals.**

We are delighted you are here, and are committed to providing exceptional care for both you and your pet.

Payment is required at the time of service. We accept cash, checks, Visa/MC and Care Credit. We will protect your identity by requesting photo ID when accepting all forms of payment other than cash. This form will be shredded after we enter your information into our secured data base.

\*Photo Identification is required at the time of your first visit.

Client Information:

Owner Name \_\_\_\_\_ Co-Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Co-Owner Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Co-Owner Work Phone: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*E-mail address is requested for communications directly from our clinic and will not be shared or sold to any other party.

Who may we thank for referring you to our office? \_\_\_\_\_

Pet Information:

*Pet Number One*

*Pet Number Two*

*Pet Number Three*

<i>Pet Number One</i>	<i>Pet Number Two</i>	<i>Pet Number Three</i>
Pet Name:	Pet Name:	Pet Name:
Species:	Species:	Species:
Breed:	Breed:	Breed:
Sex:	Sex:	Sex:
Neutered/Spayed Y/N:	Neutered/Spayed Y/N:	Neutered/Spayed Y/N:
DOB:	DOB:	DOB:
Color:	Color:	Color:
Last Physical Exam:	Last Physical Exam:	Last Physical Exam: