



1611 North Liberty Street
Harrisonburg, VA 22802
(540)434-6331
www.hahpets.com

Please fill out this form as completely as possible. If you have any questions, we will be glad to assist you. We look forward to working with you in maintaining your pet's health.

CLIENT INFORMATION

Name _____ Date _____
Last First Initial

Driver's License # _____
*OR Alternate ID # and Type of ID (PLEASE, **DO NOT** PROVIDE SS#)

Mailing Address _____
Street/PO Box City Zip

Physical Address _____
Street/PO Box City Zip

Cell Phone _____ Preferred Phone # for Contact _____

Email Address _____

Contact Person in Case of Emergency _____
Relationship

Emergency Contact Person's Cell Phone _____

Your Employer _____ Occupation _____

Business Address _____ Business Phone _____

Spouse/Co-owner _____ Spouse/Co-owner's Cell Phone _____

How did you learn of our clinic? Yellow Pages Sign/Location Recommendation Internet

If recommended, by whom? _____

PAYMENT OPTIONS

We will gladly prepare a written estimate of service. If you have a question or concern about your expected expenses, please speak with our receptionist staff.

All professional fees are due at the time services are rendered.

We accept major credit cards (VISA, MasterCard, Care Credit).

I assume full responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. There will be a service charge of \$35.00 for any check returned unpaid. If for any reason my bill is not paid at the time of service, I understand my account may be susceptible to interest fees, collection fees and/or attorney's fees, and any court costs required to collect on my account.

Client Signature _____ Date _____