# WELCOME TO AUBURN ANIMAL CLINIC!!!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

**DATE:**_____
**CLIENT'S NAME:**_____
**SPOUSE/OTHER:**_____
**ADDRESS:**_____
**CITY:**_____ **STATE:**_____ **ZIP:**_____
**HOME PHONE:**_____
**CELL PHONE:**_____
**LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:**_____
**E-MAIL:**_____

**EMPLOYER:**_____
**WORK PHONE:**_____
**SPOUSE/OTHER EMPLOYER:**_____
**WORK PHONE:**_____
**LAST 4 DIGITS OF SPOUSE SOCIAL SECURITY NUMBER:**_____

**ALTERNATE EMERGENCY NUMBER:**_____
**AT WHAT TIME (_____) AT WHAT PHONE # (_____) CAN WE TALK TO YOU ABOUT YOUR PET?**

We will gladly prepare a written estimate if you desire (please ask Dr. Holm)
This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**. In case of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take American Express, Discover, MasterCard, Visa, and Care Credit. There will be a minimum fee of $25.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitals and boarded patients must be current on all vaccines and free form internal and external parasites. The Signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

**Signature of Responsible Agent for Pet(s):** _____
**Date:**_____
**How/Why did you select Auburn Animal Clinic?**
_____
_____