



# GREENE ANIMAL HOSPITAL

*Big and small we care for them all.*

**Welcome!** At Greene Animal Hospital, we strive for excellence in providing your pet with the best care in a warm, loving environment while maintaining a positive client relationship and delivering exceptional customer service.

## Client Information

Please help us to serve you better by completing the following information:

Name(s): \_\_\_\_\_

Driver's License: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

Person(s) authorized to either pick up my pet(s) or to whom medical information/history may be released: \_\_\_\_\_

Do you have pet insurance? If so, with which company? \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

## Payment Policy

Payment is due when services are rendered. We gladly accept cash, checks, Visa, MasterCard, American Express, Discover and Care Credit. We do not carry open accounts. If you need an estimate, please ask and an estimate will gladly be prepared for you. In the event of default or failure to pay, by signing this form, you agree to pay all attorney's fees and collection costs of said debt.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_