



HOPEWELL ANIMAL HOSPITAL, LLC

Client Information

Date _____

Your Full Name			DL #
Spouse's Full Name			DL #
Street Address			
City	State	Zip Code	Email Address
Home Phone Number	Cellular Number		Work Number
Emergency Contact			Emergency Phone Number
Emergency Contact			Emergency Phone Number
Current Employer			
Employer's Address			
Military Information:	Unit	Rank	Commanding Officer

Please Note:

- A deposit is required *before* any treatment is performed.
- We accept cash, VISA, MASTERCARD, and DISCOVER. We accept checks only from established clients. There is a \$50.00 charge for returned checks.
- We must have a copy of a valid driver's license on file for each client.
- We offer CareCredit to those who qualify.
- **New Clients:** We are not able to take personal checks until you become an established client. We apologize for any inconvenience.
- **All fees are due at the time services are rendered.**

By signing below, I understand and agree to the above terms and verify that all information that I have provided is correct and current.

Signature	Date
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How did you hear about us?

☐ Referral from a friend ☐ Our Website ☐ Facebook ☐ Newspaper ☐ Other _____