



# Thank you for choosing Sanford Animal Hospital!

## Pet Owner Information

Pet Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Spouse or Co-Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

How did you hear about us? Internet Facebook Sign/Drive-By Phone Book Referred (Who may we thank?) \_\_\_\_\_

Y/N Have you reached your 55<sup>th</sup> birthday? If so, you qualify for our Senior Citizen Discount off exam price.

Y/N Active/Retired Military? If so, you qualify for our Military Appreciation Discount off exam price. (Military ID required)

## Payment Information

We gladly accept Cash, Personal Checks, Debit, Visa, MasterCard, Discover, American Express and Care Credit.

**Payment is expected at the time of service.**

I understand that a service fee will be assessed for each non-sufficient fund check and/or certified letter that must be sent for non-payment. At your request we will gladly discuss the cost of services and/or prepare a written treatment plan for recommended procedures. Deposits may be required for pets being admitted to the hospital for further treatment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### Tell Us About Your Pet(s)

Name	Dog or Cat	Breed	Color	Sex	Spayed or Neutered?	Age	Major Health Conditions

Do you need us to call your previous care provider to have records transferred?

Name/Number of Previous Hospital: \_\_\_\_\_