

**Client Information**

Account #: \_\_\_\_\_

**Name:**

\_\_\_\_\_  
Last First MI

**Address:**

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Alternate Phone

\_\_\_\_\_  
E-Mail Address

**Employer:**

\_\_\_\_\_  
Company Business Phone

\_\_\_\_\_  
Company Address City State Zip

**Spouse:**

\_\_\_\_\_  
Last First MI

**Employer:**

\_\_\_\_\_  
Company Address Business Phone

If you are paying by check, please provide the following information:

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Exp. Date

How did you hear about our hospital?

\_\_\_\_ Friend/Relative

\_\_\_\_ Location/Sign

\_\_\_\_ Previous Client

\_\_\_\_ Yellow Pages

\_\_\_\_ Website

\_\_\_\_ Other

The Kettering Animal Hospital policy is to receive payment at time of service. We accept cash, check, and credit card (Mastercard, Visa, Discover, and Care Credit).

When paying by check, we use electronic fund transfer from your checking account, which may be withdrawn the same day as your payment is received and you may not receive your check back from you financial institution.

**I HAVE READ THE ABOVE STATEMENTS AND I AGREE TO THESE HOSPITAL POLICIES. I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT AT THE TIME SERVICES ARE RENDERED.**

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date