



Welcome to the Hutchinson Pet Hospital. Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Primary Contact Name: _____ Email Address: _____
Address: _____
City: _____ State: _____ Zip: _____ Best time to reach you: _____

Please list all contact numbers in the order you would prefer them to be used:

<u>Phone #</u>	<u>Type (Circle)</u>
_____	Mobile Cell/Home/Work
_____	Mobile Cell/Home/Work
_____	Mobile Cell/Home/Work

Secondary Contact Name: _____ Email Address: _____
Address: _____
City: _____ State: _____ Zip: _____ Best time to reach you: _____

Please list all contact numbers in the order you would prefer them to be used:

<u>Phone #</u>	<u>Type (Circle)</u>
_____	Mobile Cell/Home/Work
_____	Mobile Cell/Home/Work
_____	Mobile Cell/Home/Work

PAYMENT INFORMATION

All fees are due at the time services are rendered. (Please Initial) _____

We have several financing programs that allow payment on time with little to no additional cost. If you need or are interested, please ask any of our staff and we would be happy to help you find the best program for you and your pet.

Please indicate your preferred choice of payment: Cash Visa/MasterCard/Discover
 Wells Fargo Health Advantage Care Credit

MISC INFORMATION

How did you become aware of our clinic? Drove By Yellow Pages Internet/Website Personal Referral
If Personal Referral, whom may we thank? _____

Reason for visit? _____

Names of all pets in your home: _____

Are you planning on using us as your primary care provider? Yes No
Preferred Method for Reminders? Mail E-Mail Text

Date: _____ Signature: _____