



**MARYVILLE**  
ANIMAL HOSPITAL

### Client Information Sheet

Name: \_\_\_\_\_

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

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

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

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

Would you like to receive emails from Maryville Animal Hospital? YES / NO

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse / Significant Other: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? Online / Phone Book / A Friend / Other \_\_\_\_\_

#### PLEASE READ CAREFULLY AND SIGN

I understand that to prevent the spread of infectious diseases and parasites, all boarded and hospitalized animals must be current on all vaccines and free of fleas and worms. I authorize Maryville Animal Hospital, Inc. to provide these services and any emergency care, if needed.

I understand that by initiating this relationship with Maryville Animal Hospital, Inc. I am responsible for full payment of all fees incurred and that payment is due at the time services are rendered. I also understand that any unpaid fees are subject to interest and/or collection and attorney fees. I understand that there will be a fee on any checks returned for insufficient funds.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_