



Pets Unlimited Veterinary Hospital and Shelter Client Information Sheet

Pet Owner Information

Mr. Mrs. Miss. Ms. Dr.

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell : _____

Employer: _____ Occupation: _____ Email: _____

Spouse / Alternate Contact: _____ Contact Number: _____

How did you hear about us? _____

Personal Information

Pets Unlimited is required by law to submit **Date of birth information** to the Department of Justice in order to dispense certain classes of medications.

Social Security Number: _____ DOB: _____ Driver's License: _____ State: _____

Record Transfer

Do you have a regular Veterinarian? Yes No If yes, Phone Number: _____

Veterinarian: _____ Hospital Name: _____

For your convenience would you like your records transferred from your regular/previous hospital? Yes No

Pet Information

Pets Information	Pet A	Pet B	Pet C	Pet D
Pets Name				
Canine/Feline				
Breed				
Color				
Gender				
Spay or Neuter (Y/N)				
Recent Vax Date				
Date of Birth				

PAYMENT POLICY

In order to continue to provide humane treatment of companion animals in our shelter and community, payment for services is expected at the end of your visit. A deposit is required if your pet is hospitalized for medical services.

I certify that I am over 18 years of age.
I understand that if regular account credit facilities are approved a finance charge of 1.5% (18% per annum) will be charged on all unpaid invoices 30 days from invoice date on the unpaid principal. **I agree to pay for services rendered:**

Owner's Signature: _____

Date: _____

