



## CLIENT INFORMATION

**Welcome to Edinburgh Animal Hospital. Thank you for giving us the opportunity to care for your pet!**

Your Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Your Employer \_\_\_\_\_

In case of EMERGENCY, please contact \_\_\_\_\_ @ ( ) -

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign Facebook Yelp Google Shopper Other \_\_\_\_\_  
Friend/Relative

**Do we have permission to post pictures/videos of your pet on Facebook and/or Instagram?**

Yes \_\_\_ No \_\_\_

**AT YOUR REQUEST, WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.**

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED!**

**DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.**

We accept cash, and debit cards. Also, VISA, MasterCard, Discover, American Express and Care Credit.  
We do not accept checks.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND THAT ALL ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICINE ON ADMISSION AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

SIGNATURE

DATE

