

**NEW BALTIMORE ANIMAL HOSPITAL**  
**Client Information Form**

Full Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Your driver's license #/social security #: \_\_\_\_\_

Spouse's driver's license #/social security #: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

Send you reminders by email? \_\_\_\_\_ Don't send email reminders? \_\_\_\_\_

Employer: \_\_\_\_\_ Employer phone #: \_\_\_\_\_

Spouse employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Local emergency contact: Relative or friend that can make treatment decisions for your pet if you cannot be contacted:

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell/work: \_\_\_\_\_

**Payment is due at time of service unless other arrangements are made in advance.**

Preferred payment method: Cash \_\_\_ Check \_\_\_ AmEx \_\_\_ Disc \_\_\_ MC \_\_\_ Visa \_\_\_

If you would like to keep a credit card # on file, please initial here: \_\_\_\_\_

Credit card acct #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Sec code: \_\_\_\_\_

I clearly understand and agree that all services rendered to my pet are charged directly to me and that I am personally responsible for payment. If collection actions are initiated for any past due amounts, I agree to pay collection fees. I understand that a \$6.00 per month billing charge will be added to any outstanding balance. In addition, interest at the rate of 24% per annum will be charged on any past due amounts. A \$25.00 charge will be assessed for any returned checks. I also understand that NBAH will endeavor its best efforts on my behalf, however, there are no guarantees associated with veterinary care. I further agree that any claim I may have against NBAH shall be limited to the payments I have made for the services rendered.

Signature of client: \_\_\_\_\_ Date: \_\_\_\_\_