



Southport Animal Hospital

CLIENT INFORMATION

Name _____ Spouse's _____
Last First MI

Mailing Address _____

City _____ State _____ Zip _____

Telephone # _____ Cell # _____

Employer _____ Business Phone _____

Emergency Contact _____ Phone _____

Email address _____

May we use your email to contact you for pet reminders? yes ____ no ____

PET INFORMATION

Pet's Name _____ dog cat other _____

Age or birthdate _____ Breed _____

Sex male neutered female spayed

Color _____

Previous injuries/medical problems _____

Current medications _____

Reason for visit _____

PAYMENT

We will gladly prepare a written estimate if you desire (please ask our doctor or receptionist). **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of the treatment. There will be a service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of Client Responsible for Pet(s) _____ Date _____