



HARRISONBURG
— ANIMAL HOSPITAL —

1611 North Liberty Street
Harrisonburg, VA 22802
(540)434-6331
www.hahpets.com

Please fill out this form as completely as possible. If you have any questions, we will be glad to assist you. We look forward to working with you in maintaining your pet's health.

CLIENT INFORMATION

Name: _____ Date: _____
Last First Initial

Driver's License #: _____
*OR Alternate ID # and Type of ID (PLEASE, **DO NOT** PROVIDE SS#) – Required for Checks Received

Mailing Address: _____
Street/PO Box City Zip

Physical Address: _____
Street/PO Box City Zip

Preferred Phone # for Contact: _____ Cell Phone #: _____

Email Address: _____

Spouse/Co-owner: _____

Spouse/Co-owner's Preferred # for Contact: _____

If one of the owner's request to later remove someone's name from the account or split accounts, HAH staff must be notified by all parties

Contact Person in Case of Emergency: _____

Someone other than yourself - In case we can't reach you Relationship

Emergency Contact's Preferred # for Contact: _____

Your Employer _____ Occupation _____

Business Address _____ Business Phone _____

How did you learn of our clinic? Yellow Pages Sign/Location Recommendation Internet

If recommended, by whom? _____

*If a current client to our clinic has recommended you, please indicate their first and last name so we can show them our appreciation.

PAYMENT OPTIONS

We can gladly provide a written estimate prior to services if requested. If that is something you would desire or have any questions or concerns regarding expenses, please speak with a member of our staff.

All professional fees are due at the time services are rendered.

We accept major credit cards (VISA, MasterCard, Discover, CareCredit). We also accept ScratchPay. I assume full responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment. There will be a service charge of \$35.00 for any check returned unpaid. If for any reason my bill is not paid at the time of service, I understand my account may be susceptible to interest fees, collection fees and/or attorney's fees, and any court costs required to collect on my account.

Client Signature _____ Date _____