

BILOXI ANIMAL HOSPITAL

NEW CLIENT FORM

Date

First Name M. Last Name

Spouse's Name

Address

City State Zip

Home Phone Number Cell# Spouse's Phone#

Email Address

Employer Address Phone#

Spouse's Employer Address Phone#

Driver's License Number State

Whom may we thank for your referral?

Biloxi Animal Hospital offers a 10% Military discount. _____
Sponsor's Last 4 Numbers Exp. Date

For Office Use Only

PLEASE CONTINUE TO THE NEXT SHEET

I understand that every effort will be made to achieve a successful outcome and provide for all possible safety in hospital care and handling of my pet or pets. I hereby authorize and give consent for BILOXI ANIMAL HOSPITAL and its employees to handle, prescribe for, or treat, my pet or pets.

I assume all risks and responsibilities for this animal, even if I am not the owner or acting in behalf of the owner. A deposit is required for hospitalization, medical or surgical treatment.

We accept all major credit cards with proper identification. I understand that a service fee of \$40.00 will be assessed for each non-sufficient check and/or certified letter that must be sent. In the event of non-payment or failure to honor the agreement, I/we accept full liability for any expenses incurred by Biloxi Animal Hospital for legal fees, collections costs and court costs.

PAYMENT IS DUE WHEN SERVICES ARE RENDERED.

Print Name

Date

Signature

Date