

ATWOOD ANIMAL HOSPITAL
 342 ATWOOD AVENUE
 CRANSTON, RI 02920
 (401) 942-7360



JOHNSTON ANIMAL HOSPITAL
 191 GEORGE WATERMAN ROAD,
 JOHNSTON, RI 02919
 (401) 232-0861

NEW CLIENT FORM

Thank you for giving Atwood Animal Hospital/Johnston Animal Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION

Name _____ Spouse's Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Work Phone _____ Spouse's Work Phone _____
 Place of Employment _____ Best time to reach you _____
 Driver's License # _____ D.O.B. _____ Social Security# _____
 Would you like to receive reminders and correspondence via E-mail? Email address: _____

All fees are due at the time services are rendered.

Please indicate choice of payment. Cash/Check Visa/MasterCard/Discover/American Express
 How did you become aware of our clinic? Drove By Yellow Pages Previous Client
 Personal Recommendation (whom can we thank?) _____

PATIENT INFORMATION

	Pet #1	Pet #2	Pet #3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED?			

Our pet(s) is: Member of our Family Child's Pet Backyard Pet

Any previous serious illnesses or surgeries? _____
 Any allergies to vaccinations or medications? _____
 Is your pet on any special diets or medications? _____

I certify that I am the legal owner (or agent of the owner) and assume responsibility for all professional services provided by Atwood/Johnston Animal Hospital. I further understand that all fees are due and payable at the time services are rendered. In the event of non-payment, I agree to pay interest at the rate of 18% per annum on any amount outstanding more than 30 days and that if this agreement is placed with an attorney for collection or enforcement, I agree to pay an attorney's fee equal to thirty three and one third % (33 1/3%) for outstanding balances over \$500.00 and fifty percent, (50%) for balances under \$500.00.

Signature **X** _____ Date _____