



OFFICE USE ONLY	
CLIENT ID #	_____
Client info last updated:	
_____	_____
_____	_____
_____	_____

**WE WELCOME YOU AND YOUR PET(S) TO THE  
STACK VETERINARY HOSPITAL**  
*WE APPRECIATE THE OPPORTUNITY TO CARE FOR YOUR PET.  
PLEASE COMPLETE THE FOLLOWING SO THAT WE MAY BETTER SERVE YOU.  
(PLEASE PRINT)*

Date \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Primary phone: (h,c,w) \_\_\_\_\_ Who should we ask for? \_\_\_\_\_

Secondary phone:(h,c,w) \_\_\_\_\_ Who should we ask for? \_\_\_\_\_

May we contact you **via email**? (Please circle) **YES / NO**:

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

May we post your pet(s) photo on our **Social Media Page**? (Please circle) **YES / NO**  
(No personal information will be posted or shared)

Name \_\_\_\_\_ (Mr. Mrs. Miss Ms. Dr.)  
Last First

Address \_\_\_\_\_  
Street City/Town Zip Code

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's/Co-owner's Name \_\_\_\_\_  
Last First

Spouse's/Co-owner's Phone(h,c,w) \_\_\_\_\_

Spouse's/Co-owner's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Emergency # \_\_\_\_\_ Who should we ask for? \_\_\_\_\_

**ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

**We accept cash, personal checks, Visa, Master Card, Discover or Care Credit.**

After your pet's examination a written healthcare plan with detailed fees can be provided before further treatment is completed.

The signature below authorizes this level of health care and the appropriate charges will be assessed and payment required at that time.

Signature of Responsible Agent for Pet(s) \_\_\_\_\_