

CA# _____

CENTERVILLE ANIMAL HOSPITAL
CLIENT CONSENT FORM

Office Use
Only:
C _____
M _____
R _____
WC _____
E _____
Update
Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____)____-____ Work Phone: (____)____-____ Cell Phone: (____)____-____

Credit Card #: _____ Exp Date: _____ Visa/MC/CareCredit

Driver's License #: _____ Exp Date: _____ Military ID #: _____

Employer: _____ Occupation _____

Employer
Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone : (____)____-____

Spouse
Name: _____

Home Phone: (____)____-____ Work Phone: (____)____-____ Cell Phone: (____)____-____

Credit Card #: _____ Exp Date: _____ Visa/MC/Care Credit

Driver's License #: _____ Exp Date: _____ Military ID #: _____

Employer: _____ Occupation: _____

Employer
Address: _____

City: _____ State: _____ Zip: _____

Reason for choosing Centerville Animal Hospital: (check as many as apply) Hospital Sign

Verizon Yellow Pages Local Yellow Pages S.P.C.A. Staff

Other Advertising _____ Another Veterinarian _____

Another Client _____ Other _____

I authorize Centerville Animal Hospital to use my email address for the purposes of email reminders and pet health information. My address will not be transferred, sold, or shared with a third party.

EMAIL ADDRESS: _____

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed below. Furthermore, I agree to pay fees for all services rendered at the time services are rendered or at the time the patient is discharged. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in Chesapeake, Virginia.

Signature: _____ **Date:** _____

Pets' names: _____