

NEW CLIENT INFORMATION SHEET

Genoa Animal Hospital
703 Pearson Drive
Genoa, IL 60135
Ph. 815-784-6109

CLIENT NAME _____ SPOUSE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

PET NAME _____ SPECIES _____ BREED _____

BIRTH DATE ____/____/____ COLOR _____ SEX _____

PREVIOUS VETERINARIAN _____

WHERE DID YOU GET PET FROM? _____ HOW LONG AGO? _____

PET INSURANCE COMPANY _____ POLICY NO. _____

How did you learn about our clinic? Hospital Sign Yellow Pages Website
 Referred by: _____

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We accept cash, checks, Master Card, Visa, Discover, American Express and Care Credit. Checks are processed electronically through Telecheck services. There is a \$25 return check fee. In the event of non-payment, Genoa Animal Hospital shall be entitled to the right of recovery for all collection expenses including interest charges, late fees, court costs and reasonable attorney's fees incurred for the purpose of obtaining payment of the amount due.

SIGNATURE _____ DATE _____