

Griffin Avian and Exotic Veterinary Hospital

**New Client Information Form**

*(Please Print)*

Today's Date: \_\_\_\_\_

**Owner Contact**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

*Please circle the preferred number for receiving follow-up calls concerning your pet's health*

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ SSN \_\_\_\_\_

Current Employment: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check here if you would like to receive our fun & informative newsletter!

**Spouse/Other Owner Contact**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

How did you hear of us? If referred, please let us know so we can thank them! (Circle One)

Website      Visual      Newspaper      Vet Referral: \_\_\_\_\_

Personal Referral: \_\_\_\_\_ Other: \_\_\_\_\_

**What will be your form of payment today?**

AMEX \_\_\_ MC \_\_\_ VISA \_\_\_ Care Credit \_\_\_ Discover \_\_\_ Check \_\_\_ Cash \_\_\_

Please note that we work on an appointment basis only. Any pet brought to us without an appointment that must be seen will be considered an emergency. There is an additional fee for all emergency visits (daytime fee of \$75 and after hours fee of \$150) in addition to the examination fee. Also, all services provided by the staff and/or doctors at Griffin Avian and Exotic Veterinary Hospital are to be paid for at the time they are delivered. Deposits for extensive work will be required. Services that exceed \$250 will be proceeded by an estimate if requested.