

Griffin Avian and Exotic Veterinary Hospital

New Client Information Form

(Please Print)

Today's Date: _____

Owner Information (Must be a person at least 18 years old and the financial provider of the pet.)

First Name: _____ Last 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 (last 4 numbers) _____

Current Employment: _____

Email Address: _____

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

Spouse/Other Owner Information

First Name: _____ Last 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 Other: _____

Personal Referral: _____ Vet Referral: _____

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.