

# 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: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

*Please circle the preferred number for follow up calls.*

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

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

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ SSN (last 4 numbers) \_\_\_\_\_

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

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

### Spouse/Other Owner Information

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

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

### How did you hear of us? (Circle One)

Website      Visual      Repticon      Other: \_\_\_\_\_

Personal Referral (name): \_\_\_\_\_

Vet Referral (name): \_\_\_\_\_

Pet Store Referral (name): \_\_\_\_\_

### 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.

Patient Name \_\_\_\_\_ Species/Breed \_\_\_\_\_ DOB \_\_\_\_\_

Pet's Previous Veterinary Hospital \_\_\_\_\_