



ACRE VIEW PET HOSPITAL, PLLC

1900 S. Bryant Avenue / Edmond, Oklahoma 73013 / (405) 348-0808

Patient - Client Information Sheet

How Did You Find Us?

(Please check all that apply)

Ad Friend Moving/New Newspaper Professional Referral
Relative/Neighbor Sign/Clinic Location Yellow Pages

May we ask who referred you: _____

**Thank you for giving Acre View Pet Hospital an opportunity to care for your pet.
So that we may become better acquainted, please complete the following:**

Please Print

Please Print

Name _____

Name _____

(or other person responsible for pet)

Address _____

Address _____

City _____

City _____

State _____ Zip _____

State _____ Zip _____

Hm. Ph.() _____

Hm. Ph.() _____

Cell Ph.() _____

Cell Ph.() _____

DL# _____

DL# _____

Date of Birth _____

Date of Birth _____

E-mail add. _____

E-mail add. _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Emergency Contact Name (other than home): _____

Ph. _____ Cell Ph. _____

ALL FEES ARE DUE UPON RELEASE OF PATIENT

I understand that a 1.5% or \$4.50 minimum per month service charge will be added to all unpaid balances. I waive presentment for payment, protest, notice of protest, and nonpayment of this account and agree that if any part of my account is in default, all principle, interest, services charges, and collection fees immediately become due.

By signing below, I certify that I have read the above and understand the terms and conditions and agree to them.

Signature _____ Date _____

I DO _____ / I DO NOT _____ AUTHORIZE AVPH TO POST PICTURES OF MY PET ON FACEBOOK.