



WELCOME TO GLENWAY ANIMAL HOSPITAL!!

Thank you for giving us the opportunity to care for your pet. In order to help us serve you better, please complete the following information. **Please print in all spaces.**

Client's Name _____ Spouse/Other _____

Address _____ Apt. ____ City _____ State _____ ZIP _____

Children and Visitor Names _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Ext. _____

Email Address _____

Check box if you would like to receive email notifications and reminders from Glenway Animal Hospital and its affiliates.

Please circle your preferred method of communication: Home Work Cell Email

Please list the name of the person who referred you: _____

At which Veterinary practice was your pet last vaccinated? _____

Please list ALL of the names of your current pets and tell us a little about them:

Pet's Name	Dog	Cat	Other	DOB	Male/Female	Color

We will gladly prepare a written estimate if you desire (please ask one of our staff members). This will be important to you since **ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** We accept cash, electronically transferred checks, Master Card, Visa, Care Credit, Discover, and American Express. Proper form of identification required if paying with a check. There will be a \$30.00 service charge for any check returned unpaid or 10% of the check face value, whichever is greater. There will also be a \$50.00 charge for appointments that are not cancelled within a reasonable amount of time.

By signing below, the Responsible Agent assumes financial responsibility for all fees that are incurred.

Signature of Responsible Agent for Pet(s) _____ Date _____

PLEASE TURN OVER AND COMPLETE THE BACK

For Office Use
Checked _____

Glenway Animal Hospital is proud that you chose us to care for your pets. We strive to provide the best care for all of our patients everyday and to educate the community about proper pet care. We would like to share photos and videos of our patients to highlight topics like behavior training, at home pet care, wellness care and treatment options.

Can we use photos of your pet to help us with this?

Glenway Animal Hospital has my permission to use photos and videos of my pet on the Glenway Animal Hospital website and Facebook page.

I prefer not to allow Glenway Animal Hospital to display photos or video of my pet on the Glenway Animal Hospital website or Facebook page.

Signature of Responsible Agent for Pets _____ Date _____