



**We're glad you're  
HERE!**

...and want to get to know you...

**Windmill Animal Hospital**

How did you learn of our Hospital?

Yellow Pages

Hospital Sign

Internet/Website

Hospital Location/Convenience

Recommendation

If personal recommendation, please let us know who to thank!

Owner's Name	Today's Date
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Co-Owner's or Spouse's Name	Client Number <small>(office use only)</small>
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Address
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City	State	Zip
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Home Phone	E-mail Address (Owner)
Cell Phone	E-mail Address (Co-Owner)

Employer (Owner)	Occupation (Owner)
Employer (Co-Owner)	Occupation (Co-Owner)

Pet's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
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<input type="checkbox"/> Cat <input type="checkbox"/> Other	Breed	Color	Has pet been Spayed/Neutered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dog _____				

What was last kind of treatment (exam, shots, etc.)?
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Previous Doctor's Name	Hospital Name	May we request your pet's health records? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please indicate how account will be paid	<input type="checkbox"/> Cash	<input type="checkbox"/> Credit Card (Please write Credit Card No.)
	<input type="checkbox"/> Check	<input type="checkbox"/> Care Credit

Driver's License (Owner)	State (Owner's License)
Driver's License (Co-Owner)	State (Co-Owner's License)

All fees are due at the time the patient is released. On your request, we will be happy to provide you with a written estimate of fees for any service, treatment, emergency care, surgery or hospitalization. A deposit prior to treatment may be required depending on the amount of the estimate.

Owner's / Co-Owner's Signature
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How can we help your pet today?
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