



**Hillside Small Animal Hospital**

4447 State Route 132  
Batavia, Ohio 45103  
Phone: 513-735-0738  
FAX: 513-735-0736

**Client Information**

Date: \_\_\_\_\_

Welcome to Hillside Small Animal Hospital. Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to complete BOTH sides of this information sheet. THANK YOU!

So we may get to know you...

Owner's Name \_\_\_\_\_ Spouse (Other) Name \_\_\_\_\_

Children, if any (first name and ages) \_\_\_\_\_

So we may contact you if necessary...

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer's Name and Phone Number \_\_\_\_\_

Spouse (Other) Employer and Phone Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

So we may thank someone...

How did you hear about our hospital?  Recommended by \_\_\_\_\_

Yellow Pages  Hospital Sign  Internet  Other \_\_\_\_\_

Referred by another veterinarian or hospital: \_\_\_\_\_

We will gladly provide you with a written estimate at your request. If desired please ask Dr. Fouts. Extended boarding or hospitalization will require a deposit of 50% of estimated total, with the balance due upon release of your pet.

Preferred method of payment:  Cash  Check  MasterCard  Visa  Discover  Other \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Spouse/Other Social Security No. \_\_\_\_\_

**All Fees are Due at the Time Services are Rendered**

*There is a \$15 penalty for all returned checks.*

*All accounts 30 days past due are subject to a monthly service fee. You are liable for all legal and collections fees.*

**To prevent the spread of infectious diseases and parasites, we require ALL hospitalized and boarded animals be current on all vaccines and free of internal and external parasites.** I hereby authorize Timothy A. Fouts and/ or Associate to examine, prescribe and treat my pet(s), and to provide vaccines and parasite control as needed. I assume full financial responsibility for all charges incurred in the care of the said animal(s). I also understand charges are to be paid at time of release and/ or treatment and that a deposit may be required.

Which pet(s) do you have today? \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Please fill in as much information as you can on THE BACK OF THIS SHEET for each pet you own. Thank You!