

Chart #: _____

(For Office Use Only)

Entered By: _____

Welcome to Ark Animal Hospital

Information for Medical Records

PLEASE FILL OUT COMPLETELY

First Name: _____ Last: _____

Address (*No P.O. Boxes*): _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____ **D.O.B.:** _____

Email: _____ D.L. #: _____ Drivers License Exp. Date: _____

Occupation: _____ Work Number: _____

Spouse/Alternate 1st Name: _____ Last Name: _____

Spouse's/Alt Occupation: _____ Spouse's/Alt Work Number: _____ Spouse's/Alt Cell: _____

Which pet insurance do you currently use for your pets: _____ *Policy #:* _____

How did you hear about our clinic? **Please circle one:**

Yelp / Internet / Saw Sign / Animal Friends of the Valleys / Friend/Family Member, whom may we thank? _____

Do any of the following apply? *Active Military/Armed Forces* *Social Security* *Disability*

EXPRESS CHECK OUT (Optional)

I authorize Ark Animal Hospital to utilize my credit card for charges approved by me.

Card Type: Visa Master Card Discover American Express

Card #: _____

Exp: _____ V-Code: _____ Billing Zip: _____
(3 digits on back)

Name on Card: _____ X _____
Signature

I authorize Ark Animal Hospital to take and use photos of my pet(s) for our website, social media, and/or print media. **Please circle one:** YES / NO

Please note: All payments are due when services are rendered. Please ask us for an estimate for any treatments needed before they are done, if we have not already provided one for you.

Your signature below acknowledges the above information is correct and that you agree to the above terms.

Sign: _____ **Date:** _____