

**ELIZABETHTOWN VETERINARY HOSPITAL**  
**4629 US HWY 701 S. Clarkton, NC 910-862-3000**

CLIENT INFORMATION:

Owner: \_\_\_\_\_ Client Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

PET INFORMATION:

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:    Male    Neutered    Female    Spayed

Proof of Vaccines: \_\_\_\_\_

PET INFORMATION:

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex:    Male    Neutered    Female    Spayed

Proof of Vaccines: \_\_\_\_\_

HOW DID YOU BECOME AWARE OF OUR ANIMAL HOSPITAL?

- Referred (Whom may we Thank?) \_\_\_\_\_
- Hospital Sign
- Drive by
- Telephone Book (Which One?) \_\_\_\_\_
- Facebook
- Web page

"I assume financial responsibility for all charges incurred. E.V.H. cannot extend the privilege of charging services as this puts us in the position of becoming a lending institution. We accept, Cash, Telecheck, ATM, Credit Cards & Care Credit. We will kindly prepare a written estimate if you desire.

I verify that all information provided is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_