



# Coal Mine

ANIMAL HOSPITAL

*your other family doctor*

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

## CLIENT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
*First Name Last Name*

Spouse or co-owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Daytime Phone # \_\_\_\_\_ Home ( ) Cell ( ) Work ( )

Best Evening Phone # \_\_\_\_\_ Home ( ) Cell ( ) Work ( )

Other Phone # \_\_\_\_\_ Home ( ) Cell ( ) Work ( )

Email \_\_\_\_\_

How did you learn about our practice? Is there someone we can thank for your referral?

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May we please utilize photos of your pet(s) for educational, marketing, and/or publicity purposes? YES ( ) NO ( )

## Pet Information

Pet's Name \_\_\_\_\_

Species (dog, cat, etc.) \_\_\_\_\_ Breed \_\_\_\_\_

Color \_\_\_\_\_ Birthdate/Age \_\_\_\_\_ Microchip? ( ) Yes ( ) No

Gender ( ) M ( ) F Neutered/Spayed? ( ) Yes ( ) No At what age? \_\_\_\_\_

At what age was this pet obtained? \_\_\_\_\_

## Payment

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). All professional fees are due at the time services are rendered. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards or can establish a payment arrangement if approved in advance of treatment. There will be a service charge for any check returned unpaid.

Signature of client responsible for pet(s) \_\_\_\_\_