



## Client Information Sheet

We are pleased to welcome you to our practice. If you have any questions or if there is anything we can do to assist you, please do not hesitate to contact our reception team on 236-3292. We look forward to working with you in maintaining your pet's health. You must be 18 years old to be a client of Endsmeet.

### Client Data:

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Please select one: Mr.  Mrs.  Ms  Miss  Dr.

Address: \_\_\_\_\_ Parish/Postal Code: \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Telephone number: \_\_\_\_\_ (h) \_\_\_\_\_ (w)  
\_\_\_\_\_ (c)

Spouse's name: \_\_\_\_\_ Spouse's contact number: \_\_\_\_\_

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

Referring Vet or previous practice: \_\_\_\_\_

Are there images or radiographs being sent? Yes:  No:

Are there lab reports or pathology? Yes:  No:

### Patient Data:

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

Species: Canine Feline Other \_\_\_\_\_

Breed: \_\_\_\_\_ Gender: M F Unknown

Date of Birth: \_\_\_\_\_ Color(s)/ Markings: \_\_\_\_\_

Microchip Number: \_\_\_\_\_

Vaccine/booster dates: \_\_\_\_\_

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



## New Client Application

### Terms & Conditions

The purpose of Endsmeet Animal Hospital is to work with owners to achieve and maintain a healthy lifestyle for their companion animals and to provide the best possible care either ongoing or emergent. The primary goal of the hospital is to tend to patients requiring medical attention thoroughly and accurately to ensure the best decisions are made on their behalf. Our veterinarians and staff strive for a superior level of service for owners and patients alike through strong communication and teamwork coupled with maintaining the best possible healing environment.

Endsmeet Animal Hospital is not a charitable organization nor is it primarily funded through donation. No animal requiring treatment will be refused based on financial standing of the owners. It is the responsibility of our clients to ensure that payments for services rendered and received in a timely manner and also provide us with up to date contact details should current information change. It is extremely important for the Hospital to have current client information in the case of emergency, or any other relevant matter. Furthermore, the Hospital must also be informed of all individuals who are able to obtain treatment services on a particular account. Products such as food and over the counter medication cannot be charged to an account under any circumstances. If requested, our management team is more than willing to engage with clients for amicable payment solutions that are in the interest of both parties. Unpaid invoices will be submitted to a collection agency in the event of non-payment after a period of 90 days.

We look forward to growing with your pets and thank you for choosing us for your veterinary needs. By signing this document you accept the owner responsibilities listed above and agree to abide by them as a client of this hospital.

Signed: \_\_\_\_\_

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

**Please provide photo identification to receptionist.**