# Four Paws Animal Hospital

2006 West Highway 50 ✿ O'Fallon, IL 62269 ✿ 632-4615

AAHA AMERICAN ANIMAL HOSPITAL ASSOCIATION

*Healthy Practices. Healthier Pets.*

# New Client Information

**Welcome to Four Paws Animal Hospital. Please help us provide your Pet with the best care possible by completing the information on this form.**

Today's Date: _____

Mrs. ☐ Mr. ☐ SSN: _____

Dr. ☐ Ms. ☐ _____ Spouse/Partner: _____
First MI Last First MI Last

Address: _____

County: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Daytime Phone: _____ Cell/Pager: _____

Spouse/Partner's Daytime Phone: _____ E-Mail Address: _____

## How Did You Hear About Us?

☐ Personal Recommendation

Whom can we thank? First Name: _____ Last Name: _____

☐ Newspaper

☐ SBC Yellow Pages ☐ Petco

☐ Yellow Book ☐ Drive By

☐ Hometown Directory ☐ Other

## Save Time & Money!

☐ Yes! I am interested in learning about substantial savings on the best care for my Pet through vaccination packages and/or senior wellness plans.

## Method of Payment Today

For you convenience, at the time we perform services, we accept cash, credit cards, or checks (with valid drivers license).

Please check one:

☐ Cash ☐ Check ☐ MC/Visa ☐ Discover

☐ Amex ☐ Debit

**Please fill out for all your Pets!**

| | PET #1 | PET #2 | PET #3 |
|---|---|---|---|
| Name | | | |
| Age & Birthday | | | |
| Species (Cat, Dog, etc.) | | | |
| Breed | | | |
| Color | | | |
| Sex | | | |
| Spayed / Neutered (circle one) | Yes/No | Yes/No | Yes/No |
| Date of Last Heartworm Test | | | |
| Last Vaccines Type/Date | | | |