

# Knightsdale Community Animal Hospital

7527 Knightsdale Blvd.  
Knightsdale, NC 27545  
919-261-8811



## New Client/Patient Information

### Client Information (Please Print)

Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Spouse's Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ **Best Number to Reach You:** Home / Work / Cell

Drivers License (state/number): \_\_\_\_\_

### Pet Information

Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male/ Female (Spayed / Neutered) Color: \_\_\_\_\_

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

Last Seen by Veterinarian/Clinic: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Does your pet have a chronic medical condition: (i.e. allergies, vaccine reactions, immune mediated disease, on long term medication?) \_\_\_\_\_ If yes, please describe \_\_\_\_\_

### How Did You Hear About Us?

Yellow Pages \_\_\_\_\_ Sign \_\_\_\_\_ Recommendation \_\_\_\_\_ Name of person: \_\_\_\_\_

### Financial Information

Form of payment preferred (please circle): Visa / MasterCard / Discover/ Cash / Check / Care Credit

***Full payment is required at the time services are provided, unless in the event my pet is hospitalized in which the clinic requires a 50% deposit and balance due at discharge. I understand that upon my request the hospital staff will provide an estimate of any current and/or anticipated charges. By signing below, I am authorizing veterinary care to be provided for the pet(s) presented by me. I am the legal owner/ agent of this/these pet(s) and as owner/agent I understand that I am financially responsible for all services provided.***

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