

**Stagecoach Pet Hospital**  
**New Client Information Form**

Owner \_\_\_\_\_ Spouse \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ and/or SSN \_\_\_\_\_  
 Spouse's Work Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

**How did you hear about us:** (Circle one) Friend/Facebook/Google Search/Website/Drive-By

I grant Stagecoach Pet Hospital (SPH), its representatives and employees the right to take photographs of me and my pet(s). I authorize SPH, its employees and representatives to copyright, use and publish these photograph(s) in print and/or electronically. I agree that SPH may use these photographs of me and my pet(s) with or without my name; for any lawful purpose including for example: publicity, illustration, advertising and Web content.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Pet Information**

Name (Pet 1)

Name (Pet 2)

Name (Pet 3)

	Name (Pet 1)	Name (Pet 2)	Name (Pet 3)
Species (Canine/Feline)			
Breed(s)			
Description (hair color)			
Date of Birth or Age			
Sex - Please Circle	F, M, Spayed, Neutered	F, M, Spayed, Neutered	F, M, Spayed, Neutered
Current on Vaccines	Y N	Y N	Y N
Current Medications			

I authorize the veterinarians at SPH to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I understand these charges will be paid for at the time of service. A deposit may be required for hospitalization or surgical treatment. I authorize the release of medical information to other veterinary hospitals, boarding facilities, groomers, and any other individual(s) that I authorize. I also understand that I can revoke permission at any time in writing. I will not hold SPH responsible for any medical information given to another Veterinary practice, groomer or boarding facility.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I authorize SPH to contact me via cellular phone, email address, or home phone regarding my delinquent account that I owe SPH. I authorize SPH and its agents, representatives, and attorneys (including collection agencies) to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages and personal calls and emails in their effort to contact me for purposes of collecting any portion of my account which is past due.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_