

# WELCOME

TO

# FERGUSON ANIMAL HOSPITAL

DATE

CHART/COMP #

Thank you for choosing us to care for your pet.  
To better serve you and your pet please fill out this form COMPLETELY

### OWNERS INFORMATION

LAST NAME _____		FIRST _____	SPOUSE/OTHER _____	
ADDRESS _____		CITY _____	ST _____	ZIP _____
HOME PHONE _____	WORK _____	CELL _____		
<b>PLEASE CIRCLE THE NUMBER THAT IS BEST FOR REACHING YOU</b>				
EMPLOYER _____		ADDRESS _____		
DOB _____	SS# _____	DRIVERS LICENSE # _____		
WHO MAY WE CONTACT IN AN EMERGENCY IF UNABLE TO REACH YOU				
NAME _____		ADDRESS _____		
PHONE # 1 _____	2 _____	3 _____		
RELATIONSHIP TO THIS PERSON _____				

How did you hear about us? \_\_\_\_\_  
Did someone refer you? If so please let us know their name. \_\_\_\_\_

**FERGUSON ANIMAL HOSPITAL FINANCIAL POLICY**

**All payments are due at the time of service**

We accept

**CASH CHECK VISA MASTERCARD DISCOVER CARE CREDIT**

We accept

**VPI Pet Insurance (you pay us they pay you)**

## AUTHORIZATION

I hereby authorize the Drs and staff of FAH to examine, prescribe for, treat and perform surgery on the pets listed below. I also agree to pay for all services when the patient is discharged or service is otherwise terminated. I agree to pay reasonable costs of collection, attorneys fees and court costs in the event that collection becomes necessary.

<input checked="" type="checkbox"/>	
SIGNATURE OF OWNER OR RESPONSIBLE PARTY	DATE
<input checked="" type="checkbox"/>	
WITNESS	DATE

Pet Name	Species	Sex

Pet Name	Species	Sex