



# ELKRIDGE ANIMAL HOSPITAL

The original Elkridge Veterinarian - proudly serving Elkridge and surrounding communities since 2007

## Client Information

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share important information we will need to meet the health care needs of your pet. All information is kept in strict confidence.

Owner's Name \_\_\_\_\_  
FIRST LAST

Co-owner's Name \_\_\_\_\_  
FIRST LAST

Primary Phone \_\_\_\_\_  
PLEASE CHOOSE ONE

Primary Phone \_\_\_\_\_  
PLEASE CHOOSE ONE

Secondary Phone \_\_\_\_\_  
PLEASE CHOOSE ONE

Secondary Phone \_\_\_\_\_  
PLEASE CHOOSE ONE

Your mobile number will automatically be enrolled in our text notifications service specifically regarding any upcoming appointments. I understand that my normal carrier's standard text or data charges may apply.

Email \_\_\_\_\_  
Providing your email gives us permission to contact you regarding your pet, invoices, appointments, and future marketing. We will not share any of your personal information with any other companies or entities.

Email \_\_\_\_\_  
Providing your email gives us permission to contact you regarding your pet, invoices, appointments, and future marketing. We will not share any of your personal information with any other companies or entities.

Address \_\_\_\_\_  
HOUSE NUMBER & STREET NAME APT #  
CITY STATE ZIP CODE

How did you hear about our practice? ☐ Internet ☐ Mailing

☐ Hospital Signage ☐ Other \_\_\_\_\_

☐ Individual, someone we can thank? \_\_\_\_\_

## Payment Policy

Please feel free to request an estimate for any services before they are rendered. All payments are due at time of service, as we do not have a billing system and cannot extend credit. We accept cash, checks, debit cards, American Express, Discover, MasterCard, Visa and CareCredit. A deposit may be required for hospitalized patients.

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