



## Welcome to Archer Animal Hospital

New clients please take a few moments to fill out the following information.

Owner Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Alternative Contact: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How did you become aware of our hospital? Please circle all that apply:  
 Website, Google, Yahoo, Bing, Yelp, Facebook, Twitter, Friend, Drive-By,  
 Other: \_\_\_\_\_

If you were referred, whom may we thank with a \$25.00 credit? \_\_\_\_\_

### Patient Information:

	Pet #1	Pet#2	Pet#3
Patient Name:			
Breed:			
Color:			
Sex:			
Date of Birth:			

May we contact your previous veterinarian for a records transfer? Yes /No. If yes please provide

Clinic Name: \_\_\_\_\_ City: \_\_\_\_\_

Clinic Number:( ) \_\_\_\_\_

Do we have permission to take pictures of your pet(s) so they can be featured on our social media pages? Yes / No

### **Please read and sign the following:**

**\*Please provide your driver's license for it to be copied upon returning this form.\***

**\*All payments are due at the time services are rendered.\***

We are a flea and tick free facility! When your pet is dropped off, if it is discovered that your pet has internal or external parasites including fleas or ticks, they will be treated upon entry at your expense.

**\*All animals entering the hospital must be up to date on a rabies vaccination.\***

Signature of Agreement: \_\_\_\_\_ Date: \_\_\_\_\_