



**Welcome Home!** At Southern Crossing Animal Hospital, we are committed to excellence in compassionate veterinary care while fostering a culture that delivers exceptional customer service, strengthens the human animal bond and encourages staff flourishing.

## Client Information

Please help us to serve you better by completing the following information:

Name(s): \_\_\_\_\_

Driver's License: \_\_\_\_\_ Issuing State: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Alternate Phone/Best Phone Number: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

Person(s) authorized to either pick up my pet(s) or to whom medical information/history may be released:

\_\_\_\_\_

Do you have pet insurance? If so, with which company? \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

## Payment Policy

**Payment is due when services are rendered. We gladly accept cash, checks, Visa, MasterCard, American Express, Discover and Care Credit. We do not carry open accounts. If you need an estimate, please ask and an estimate will gladly be prepared for you. In the event of default or failure to pay, by signing this form, you agree to pay all attorney's fees and collection costs of said debt.**

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