



Ebenezer Animal Hospital Client Registration

Important Information! Please Read:

- 1. PROFESSIONAL SERVICES ARE PAID WHEN DELIVERED.**
- 2. If your pet is to be hospitalized, a deposit of at least 50% of the estimate will be required.**
- 3. You may request a written estimate at any time.**

PLEASE SIGN TO SIGNIFY THAT YOU HAVE READ THE ABOVE:

Sign Your Name Here _____
Today's Date

OWNER _____ SPOUSE/PARTNER _____
First Middle Last First Middle Last

MAILING ADDRESS _____
Number & Street or P.O. Box City State Zip Code

STREET ADDRESS _____
No. & Street City State Zip Code

DRIVER'S LICENSE NUMBER & STATE _____ DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____ OCCUPATION _____

YOUR PLACE OF EMPLOYMENT _____ SPOUSE'S/PARTNER'S _____
Name City

RESIDENCE PHONE (____) _____ YOUR WORK PHONE (____) _____

SPOUSE'S/PARTNER'S PHONE (____) _____ OTHER PHONE NUMBER (PAGER, CELL, MOBILE) _____

May we call you at work if needed? Yes No. Best times to call at work _____ Best times to call at home _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL? Drove by Previously used us
 Yellow Pages Website Personal Recommendation: Whom may we thank? _____

Our Philosophy of Practice:

It is our policy to treat your pet as if it were one of our own. Our goal is to provide the best medical and surgical care available. To improve our service to you, we invite your suggestions at any time.