

Society Hill Veterinary Hospital
501 South 2nd Street
Philadelphia, PA 19147
(215) 627 – 5955

NEW CLIENT FORM

Thank you for choosing our hospital for your pet's care. So that we may become better acquainted, please carefully complete the following information. If you have any questions, please do not hesitate to contact us. **Please bring this form with you to your scheduled appointment**

INFORMATION ABOUT YOU

Owners Name _____
Address _____
Home Telephone _____ Work _____ Cell _____
Email Address _____
Drivers License Number _____ State _____ Exp Date _____

INFORMATION ABOUT YOUR PET

Pets Name _____ Cat/Dog/Bird/Other _____
Breed _____ Color _____
Age _____ Date of Birth _____ Male/Female - Spayed/Neutered _____
How did you acquire your pet Breeder/Friend/Pet Store/Shelter/Other _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

Hospital Sign _____ Yellow Pages _____ Mail _____ Web Page _____
Friend _____ If a friend/client whom should we thank? _____
Other _____

PAYMENT POLICY

Professional fees are to be paid at time services are rendered. We do not carry open account and hope that these alternatives are convenient to you: Cash, Check (with current ID), Care Credit, Visa, MasterCard, and American Express.

It is our policy to provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment is required.