



1133 S. Fort Thomas Ave, Fort Thomas, KY 859-781-7387

FTAH NEW CLIENT INFORMATION

CLIENT INFORMATION	
DATE	
OWNER'S NAME	
SPOUSE/OTHER NAME	
ADDRESS	
APT/UNIT#	
CITY	
STATE	
ZIP CODE	
EMAIL ADDRESS	
OWNERS'S PHONE HOME & WORK & CELL	
EMPLOYER NAME/PHONE	
SPOUSE/OTHER PHONE	
EMERGENCY CONTACT/PHONE	
PET INFORMATION	
PET'S NAME	
(CAT OR DOG)?	
BREED and COLOR	
DATE OF BIRTH	
SEX	
NEUTERED or SPAYED?	
PREVIOUS VET & PHONE	
MULTIPLE PET'S? See Page 2	

ALL FEES ARE DUE AND PAYABLE AT TIME OF SERVICES RENDERED

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fee, and court costs in the event that collections efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during the nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

SIGNATURE _____ DATE _____



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PET'S NAME #2	
(CAT OR DOG)?	
BREED	
COLOR	
DATE OF BIRTH	
SEX	
NEUTERED/SPAY?	
PREVIOUS VET/PHONE	
PET'S NAME #3	
(CAT OR DOG)?	
BREED	
COLOR	
DATE OF BIRTH	
SEX	
NEUTERED/SPAY?	
PREVIOUS VET/PHONE	