



Caring for Animals for over 30 Years!

Phone: (434) 237-6631

Welcome to Our Practice!

Owner Information

Owner (Dr. Mr. Mrs. Ms.): _____ SSN or DL # _____

Address: _____

City: _____ County (req'd): _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Employer: _____

E-mail Address: _____

You will receive an e-mail with instructions on how to login to your pet's "Pet Portal" where you can track his/her medical history through our website. We also use e-mail addresses for important pet health alerts and notifications regarding your pets' upcoming services that are due. We will NOT share your e-mail address with anyone.

Please note our website:
www.SevenHillsAnimalHospital.com

Spouse/Other's Information

Name: _____ Work #: _____ Cell #: _____

Employer: _____

How did you learn of our practice? (please check all that apply;)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Yellow Pages Book | <input type="checkbox"/> Online or Web Search | <input type="checkbox"/> Referred by Someone | <input type="checkbox"/> Pet Store |
| <input type="checkbox"/> Yellow Pages Online | <i>Which site led you to us?</i> | <i>Whom may we thank?</i> | <input type="checkbox"/> Humane Society |
| <input type="checkbox"/> Outdoor Sign | _____ | _____ | <input type="checkbox"/> Other _____ |

Thank you for your help to complete our records. Client agrees to inform 7 Hills Animal Hospital of any change in address or telephone number.

WE REGRET THAT WE CANNOT EXTEND CREDIT

Payment is expected at time of service. If payment is not made at this time, interest at the rate of 19.99% per annum will be accrued on the entire debt (including expenses and costs of collection) from the date the services were rendered.

If this account is assigned for collection to any attorney and/or collection agency, Seven Hills Animal Hospital shall be entitled to all expenses and costs of collection. I have read, understand, and agree to these statements.

Client Signature _____ Date _____