

## Client Information

Name: \_\_\_\_\_

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

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

Driver License/CA ID: \_\_\_\_\_

(Please check primary phone number)

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

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

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral (choose one): Yelp    Google    Website    Other

I certify I am over 18 years of age

### **PAYMENT DUE WHEN SERVICES RENDERED**

WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER, OR CARE CREDIT

I understand that payment is due at the time of services, deposits are required on all hospitalized patients, and payment in full is due prior to the release. Returned checks are subject to a \$20.00 service charge. I authorize the use of my pet's name and photo on the Bay Area Bird Hospital website, blog site, or Facebook page.

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