



WELCOME TO SHIPPENSBURG ANIMAL HOSPITAL, P.C.

Date: _____

Location: Mount Rock Shippensburg Allen Road (Carlisle)

All of us here at the Shippensburg Animal Hospital WELCOME you and your pet(s) to our facilities. Our goal is preventive medicine for your pet(s). Please fill out the information below so we can better serve you. Thank you and WELCOME!!!!

Name: _____ Spouse's Name: _____
 Address: _____ Home Phone: _____
 _____ Work Phone: _____
 Email: _____

If a student, list home address: _____

OUR FINANCIAL POLICY IS PAYMENT DUE UPON SERVICES RENDERED.

We accept cash, checks, Visa, Mastercard, and Discover.

Please tell us how you found out about us:

Why did you choose this hospital?

- A. Family/Friend
Name _____
- B. Telephone Book: Yellow/White Pages
- C. Website
- D. Coupon
- E. SNAP/PAWS Programs
- F. Sign/Location
- G. Welcome Wagon

- A. Location
- B. Rates
- C. Quality of care
- D. Convenient hours
- E. Personnel
- F. Web page

We already have information on the following pet(s): _____

Please complete the following information for all your other pets:

Pet's Name: _____
 Species: _____
 Breed: _____
 Description (Color): _____
 Sex: M or F Spayed/Neutered Yes or No (circle)
 Vaccinations due: Yes or No (circle)

Pet's Name: _____
 Species: _____
 Breed: _____
 Description (Color): _____
 Sex: M or F Spayed/Neutered Yes or No (circle)
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 Species: _____
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For Office Use:
 Reviewed by _____
 Data entered and New Client Letter Sent _____