

Griffin Avian and Exotic Veterinary Hospital

**New Client Form**

Client Information (Please Print):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Spouse/Other's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Home Telephone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ ext: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Spouse/Other's Telephone No.: \_\_\_\_\_ Work No.: \_\_\_\_\_ ext: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ SS #: \_\_\_\_\_

Current Employment: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How did you hear of us? Newspaper \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Online \_\_\_\_\_

Referral \_\_\_\_\_, if referred, by whom? \_\_\_\_\_

Please note that we work on an appointment basis only. Any pet brought to us without an appointment that must be seen will be considered an emergency. There is an additional fee for all emergency visits (daytime fee of \$48 and after hours fee of \$116) in addition to the examination fee.

Also, all services provided by the staff and/or doctors at Griffin Avian and Exotic Veterinary Hospital are to be paid for at the time they are delivered.

Deposits for extensive work will be required. Services that exceed \$250 will be proceeded by an estimate if requested.