

KIMBROUGH ANIMAL HOSPITAL

# New Client Information



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

Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

E-Mail (used to email reminders): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Circle One: Cell Work Home

Alternate Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Circle One: Cell Work Home

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*Please read carefully and sign below indicating your understanding and acceptance of our policies and procedures.\*\***

We are committed to providing you with the best possible care. You agree to be held financially responsible for all pets in this file and to pay all fees incurred at the time services are rendered. We accept cash, VISA, MasterCard, Discover, American Express, CareCredit and Scratch Pay. We **DO NOT** accept personal checks.

-You may apply for a line of credit online with CareCredit at [carecredit.com](http://carecredit.com) or by phone at 1.800.365.8295

-To apply for Scratch Pay assistance, text PAY to 213-296-0817 or visit [scratchpay.com](http://scratchpay.com)

If you have pet insurance, we can provide you with a receipt for you to submit for reimbursement through your insurance.

Estimates of cost for intended services can be provided upon request.

**\*PAYMENT IS DUE AT TIME OF SERVICE; NO EXCEPTIONS\***

REGARDLESS OF ANY INSURANCE COVERAGE THAT YOU MAY HAVE, YOU AGREE THAT IT IS YOUR RESPONSIBILITY TO PAY YOUR BALANCE WITH KIMBROUGH ANIMAL HOSPITAL AND FILE ANY NECESSARY PAPERWORK WITH YOUR INSURANCE COMPANY FOR REIMBURSEMENT.

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

# Patient Information



|                                   |                        |
|-----------------------------------|------------------------|
| 1. Pet Name: _____                | Breed: _____           |
| Sex: _____ Long/Short Hair: _____ | Spayed/Neutered? Y / N |
| Date of Birth/Approx. Age: _____  | Color: _____           |

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|                                   |                        |
|-----------------------------------|------------------------|
| 2. Pet Name: _____                | Breed: _____           |
| Sex: _____ Long/Short Hair: _____ | Spayed/Neutered? Y / N |
| Date of Birth/Approx. Age: _____  | Color: _____           |

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|                                   |                        |
|-----------------------------------|------------------------|
| 3. Pet Name: _____                | Breed: _____           |
| Sex: _____ Long/Short Hair: _____ | Spayed/Neutered? Y / N |
| Date of Birth/Approx. Age: _____  | Color: _____           |

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|                                   |                        |
|-----------------------------------|------------------------|
| 4. Pet Name: _____                | Breed: _____           |
| Sex: _____ Long/Short Hair: _____ | Spayed/Neutered? Y / N |
| Date of Birth/Approx. Age: _____  | Color: _____           |

KIMBROUGH ANIMAL HOSPITAL

# How Did You Hear About Us



🐾 Referred by a Doctor or Clinic : \_\_\_\_\_

🐾 Referred by a friend (Let us thank them!) : \_\_\_\_\_

🐾 Internet Site : \_\_\_\_\_

🐾 Other : \_\_\_\_\_

🐾 Rescue Group : \_\_\_\_\_

# Thank You

For Visiting Our Hospital  
And Becoming A Part Of Our Family

