COUNTY ANIMAL HOSPITAL
1185 Reading Rd.
Mason Ohio
513-398-8000

Client Information Sheet

Thank you for giving our hospital the opportunity to care for your pet. So that we may be better able to meet your needs, please complete the following. (PLEASE PRINT LEGIBLY).

Today's Date: _____

Owner(s): _____ Spouse: _____
Last First MI First MI

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address: _____ (By providing your e-mail address you may receive e-mail advertisements from County Animal Hospital. We do not give your e-mail address to any outside vendors or companies.)

Employer: _____ Address: _____

Spouse's Employer: _____ Work Phone: _____

How did you become aware of our hospital? ☐ Hospital Sign ☐ Other _____

☐ Internet Yellow Pages ☐ Internet Website

☐ Personal Recommendation – Who May We Thank? _____

PAYMENT POLICY

Full Payment is required upon rendering of services. Deposits are required on major medical/surgery cases, trauma cases, and emergency work where hospitalization is required.

Preferred Method of Payment: ☐ Cash ☐ Credit Card ☐ Check Driver's License #: _____

We do NOT carry open accounts, and hope the above alternatives are convenient for you.

I accept financial responsibility and agree to settle the balance as services are rendered, or upon discharge. I agree to pay any costs and charges necessary for the collection of any amount not paid when due.

Signature of Owner or Authorized Representative

_____ / Date _____

Thank you for bringing your pet to our hospital. We hope you are pleased with our services and facilities, and would appreciate your letting us know how we might improve them.

Submit **Reset Form** **Print**

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