South Shores ANIMAL HOSPITAL

New Client Form

Personal Information

FIRST NAME

ADDRESS

LAST NAME

CITY

STATE/PROVINCE

E MAIL

ZIP/POSTAL CODE

COUNTRY

HOME PHONE

CELL PHONE

WORK PHONE

Emergency Contact

FIRST NAME

LAST NAME

PHONE NUMBER

How did you find out about us?

Recommendation by friend or family / Dove or walked by / Website / Facebook / Reviews
CIRCLE APPLICABLE CHOICES

TELL US WHO RECOMMENDED YOU TO US

Pet Information

FIRST PET NAME | SPECIES | BREED | COLORS & MARKINGS

MICROCHIP NR. | DATE OF BIRTH (mm/dd/yyyy) / AGE | SEX (Male / Female / Unknown) | SPAYED / NEUTERED (Yes / No / N.A.)

SECOND PET NAME | SPECIES | BREED | COLORS & MARKINGS

MICROCHIP NR. | DATE OF BIRTH (mm/dd/yyyy) / AGE | SEX (Male / Female / Unknown) | SPAYED / NEUTERED (Yes / No / N.A.)

THIRD PET NAME | SPECIES | BREED | COLORS & MARKINGS

MICROCHIP NR. | DATE OF BIRTH (mm/dd/yyyy) / AGE | SEX (Male / Female / Unknown) | SPAYED / NEUTERED (Yes / No / N.A.)

Terms of Agreement

☐ Yes, I am at least 18 years or older.

☐ Yes, I'd like to receive coupons,promotion specials, appointment, and vaccine reminders via email

☐ I authorize SSAH to take pictures of my pet and upload them into my pet's medical record and online.

PAYMENT POLICY

We gladly accept Master,Card, Visa, Amex, Discover, cash, checks, and debit. All checks must be in state, pre-printed checks with valid ID/Drivers license. A copy of your driver's license will need to be on file for proof of identity. Thank you. Payment is due in full at time of service; we do not allow payment arrangements. A deposit of 75% is required on all hospitalized cases.

HOSPITAL AGREEMENT

I, the undersigned owner or authorized agent of the admitted patient, hereby authorize the admitting veterinarian to administer such treatment, and additional procedures as are considered therapeutically and/or diagnostically necessary. I, also consent to the administration of such anesthetics as are necessary. I further understand that no guarantee of successful treatment is made and that risks and probabilities of complications exist in any surgical or medical treatment. I understand that charges are made for services rendered and that payment for such charges are due at the time they are rendered, or prior to discharge of the pet patient animal from the hospital. Any animal not picked up within the time required by Statute No. NAC637.051 of the Nevada State board of Medical Examiners shall be deemed abandoned by the owner and will be disposed of according to said statute. Furthermore, this action will not, however, relieve me from paying all charges rendered, all legal and/or court costs and collection agency fees incurred in connection with the collection of services.

SIGANTURE OF OWNER

DATE

South Shores Animal Hospital
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Las Vegas, NV 89128

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