



Your Name: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

Spouse's Name: \_\_\_\_\_

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

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse's Work #: \_\_\_\_\_

Your Employer: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Are you a Senior Citizen (65 and older)? Yes \_\_\_\_\_ No \_\_\_\_\_

### PAYMENT

Full payment is expected at the time services are rendered. For your convenience we accept the following forms of payment: CASH, CHECK, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER & DEBIT CARDS.

We will gladly prepare an estimate at any time, per your request.

**RETURN CHECK POLICY—  
THERE IS A \$25 FEE ASSESSED  
FOR ANY CHECKS THAT ARE RETURNED TO US  
FROM YOUR BANK FOR ANY REASON.**

Please sign below to indicate that you understand our payment policy. Thank you.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THE STAFF AT SHORELINE ANIMAL HOSPITAL WANTS YOUR VISIT WITH  
YOUR PET TO BE A SAFE AND PLEASANT EXPERIENCE.**

**FOR THE COMFORT AND SAFETY OF YOURSELF AND YOUR PET,  
WE ASK THAT YOUR PET BE UNDER LEASH CONTROL OR CONFINED IN A  
CARRIER.**

