



Welcome to The Pet Hospital of Stratford

Client/Owner Information

Name: _____

Spouse/Companion: _____

Address: _____
NO. Street City/State Zip

Home Phone Number: _____ - _____ - _____ Cell Phone Number: _____ - _____ - _____

Work Phone Number: _____ - _____ - _____

Email Address _____ @ _____

How did you hear about us? PLEASE CIRCLE ONE

Website Internet Search Facebook Phone Book Client Referral

Is there someone who we can thank for referring you to us? _____

Please understand that payment is requested at time of service.

We accept MasterCard, Visa, Amex, Discover, Cash, Personal Checks, and Care Credit

Patients/Pets Information

Name: _____

Species: (circle one)

CAT DOG RABBIT FERRET GUINEA PIG HAMSTER OTHER

Breed: _____ Color: _____

Gender: MALE NEUTERED FEMALE SPAYED MALE FEMALE

Age/Birthdate: _____

Previous Veterinarian: _____

Thank you for choosing us for your pet's needs. Please return this form to the desk with your pet's previous records if you have them.