

Northeast Animal Hospital  
513 Green Street  
Freeland, Pa 18224  
Phone: 570-636-1877  
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## Client Information Sheet

Please print neatly & fill out entirely

Client (owner) name \_\_\_\_\_  
Client address \_\_\_\_\_  
Phone number \_\_\_\_\_ cell \_\_\_\_\_  
Email address \_\_\_\_\_  
Driver's license number \_\_\_\_\_  
Emergency contact \_\_\_\_\_  
(Name & number) \_\_\_\_\_  
  
Pet's name \_\_\_\_\_  
Species (dog, cat, or other) \_\_\_\_\_ Breed \_\_\_\_\_  
Pet's age \_\_\_\_\_ Color \_\_\_\_\_  
Male or female \_\_\_\_\_ Spayed or neutered (yes or no) \_\_\_\_\_  
Purpose for today's visit \_\_\_\_\_  
Were you referred? If yes please include the name of who told you about us.  
\_\_\_\_\_  
How will you be paying for today's visit? \_\_\_\_\_

Please initial next to each statement to indicate that you have read & understand them.

- \_\_\_\_\_ A 24 hour notice will be required to cancel appointments. If we are not notified, a \$50 fee will be added to your account.
- \_\_\_\_\_ Any unpaid bill will be assessed a finance fee of 19% yearly after 30 days. After 60 days, we can refer this matter to the local magistrate.

Your signature \_\_\_\_\_ Date \_\_\_\_\_