

ANIMAL MEDICAL HOSPITAL
AT
GLENWOOD, INC.
2892 McKendree Rd
Glenwood, MD 21738
Tel (410) 489-9677 Fax (410) 489-7759

Thank you for giving us the opportunity to care for pet(s). So that we may become better acquainted, please fill in the information requested below:

Client Information

Date _____

Name _____

Spouse's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ Spouses Cell Number (_____) _____

Email Address _____

(Email information is only used for communicating information on your pet and is not shared)

How would you like vaccination reminders communicated to you? Email () Post Card ()

Best time to reach you _____ Best number to use: _____

How did you hear about us? _____

Payment Policy: Payment is due at the time services are rendered. We accept cash, check, master card, visa, discover, and care credit. If you would like to have a credit card on file to handle payments or you are interested in applying for Care Credit please let us know.

_____ (Please initial)

Client Signature _____

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Animal Information

Pet Name _____ Canine / Feline / Other: _____

Breed _____ Gender _____ Spayed or Neutered () Yes () No

Color _____ Date of Birth _____

Where did you get your pet? _____

Previous Vet _____ Phone _____

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