

Animal Medical Hospital At Glenwood, Inc.

2892 McKendree Rd.

Glenwood, MD 21738

E-mail: info.amhglenwood@verizon.net

Phone: 410-489-9677

Web: www.amhglenwood.com

Fax: 410 489-7759

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

Client Information

Date: ____/____/____

Owner's 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)

Best time to reach you: _____ Best number to contact you: Cell () Home () Work ()

How did you hear about us? _____

Payment Policy: I have read and understand the attached Animal Medical Hospital at Glenwood, Inc. financial Policy.

Client Signature: _____ **Date:** ____/____/____

I would like set up a payment account to be used for service and items purchased at The Animal Medical Hospital.

() Yes () No

Media Authorization: I grant AMH at Glenwood, Inc. permission to capture my pet(s) image and likeness in photographs, video recordings, or any other media format. I grant them permission to copyright, display, publish, distribute, use, modify, print and reprint such images in business materials such as advertisements, brochures, web site images, or other social media.

Client Signature: _____ **Date:** ____/____/____

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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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