



Welcome to White House Animal Hospital

Owner's name: _____ Spouse/Other: _____

Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Driver's Lic: _____ SSN(optional): _____ DOB: _____

Phone: _____ Cell: _____ Work: _____

Employer: _____ Spouse/Other Employer: _____

Email Address: _____ Spouse Cell: _____

How did you hear about us? Phone book, Webpage, Facebook/Twitter, Yelp, Newspaper, Humane Society, Sign

Personal or client: _____ Employee _____

Names of other persons authorized to obtain information regarding patients under your account. Please note information can only be released to owner, co-owner and persons listed below with the exception of another animal hospital for continued care.

1) _____ 2) _____ 3) _____

Pet's Name	Species	Microchip	Birthdate	Sex	Altered	Breed	Color

Previous Veterinarian: _____ Phone: _____

Hospital Information: Payment is expected at the time of service

Forms of Payment accepted are: Cash, Visa, MasterCard, American Express, Discover, Debit, Check and Care Credit

We give our Wellness Reward Members 10% cash back with every visit! Ask any employee

Checks and cards are accepted with a current photo id.

I certify the above information is correct to the best of my knowledge and I fully understand payment is due at the time of service.

Signature: _____ Date: _____

Steven Link, DVM	2950 Highway 31 West	Phone: 615-672-0357
Courtney Gilbreath, DVM	White House, TN 37188	Fax: 615-672-8708
George Younger, DVM	www.whitehousevet.com	Email: mail@whitehousevet.com