

Client Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver License/CA ID: _____ Email: _____

(Please check primary phone number)

Cell Phone: _____ Home Phone: _____

Work Phone: _____

Alternate Contact: _____ Phone: _____

Referral (circle one): Yelp / Google / Website / Other?

I certify I am over 18 years of age

PAYMENT DUE WHEN SERVICES RENDERED

WE ACCEPT CASH, CHECK, VISA, MASTERCARD, DISCOVER, OR CARE CREDIT

I understand that payment is due at the time of services, deposits are required on all hospitalized patients, and payment in full is due prior to the release. Returned checks are subject to a \$20.00 service charge. I authorize the use of my pet's name and photo on the Bay Area Bird Hospital website, blog site, or Facebook page.

Signature: _____ Date: _____