

KINGSTON VETERINARY HOSPITAL

7553 Kingston Adelphi Rd Kingston, OH 45644 (740)642-3031 (740) 474-6938

Personal Information (please print)

Thank you for giving us the opportunity to care for your pet.
So that we may better meet your needs, please complete the following:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Employer: _____ Work phone: _____

Email address: _____

(Would you like us to send you news & reminders by email? _____)

We respect your privacy and will not sell, rent or trade any of your personally identifiable information. Your email address is for communications from our hospital to you, and will not be used for any other reason.

How did you hear about our hospital? _____

Payment information

Professional Fees are to be paid at the time services are rendered.

Preferred payment method: Cash ___ Check ___ Charge Card ___

If paying by check, please give driver's license number: _____

The undersigned acknowledges and certifies that in admitting their pet(s) for diagnostics, treatment, or surgery, they authorize the veterinarian of Kingston Veterinary Hospital, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary. It is understood that an estimate of charges will be given for services upon request. No guarantee or assurance can be made as to circumstances before services are performed and the undersigned assumes full financial responsibility for all charges incurred. It is also understood that these charges may exceed a given estimate if complications arise.

Signature: _____ Date: _____