

Salisbury Animal Hospital, P.A.
1500 East Innes Street
Salisbury, NC 28146

Welcome to our hospital! We look forward to serving you and your pets, and we would appreciate some background information.

Your Name: _____

Spouse's Name: _____

Telephone Numbers: Home: _____ Work: _____

Cell: _____ Cell: _____

Client's Email: _____

Address: _____

City, State, Zip: _____

Driver's License Number (including state): _____

DOB: _____

Pet's Name: _____ Pet's Name: _____

Sex: _____ Spayed/Neutered: _____ Sex: _____ Spayed/Neutered: _____

Age or Date of Birth: _____ Age or Date of Birth: _____

Breed: _____ Breed: _____

Color: _____ Color: _____

Does this animal have any aggressive tendencies toward other animals or humans?
 Yes No Please inform our staff.

How did you hear about our practice? _____

Please check method of payment:

- Cash Credit or/Debit Card
Check Care Credit (Must be applied for)