

ASHLAND TERRACE ANIMAL HOSPITAL

**907 Ashland Terrace
Chattanooga, Tennessee 37415
Phone – 423-877-4576 Fax – 877-5419**

George W. Scorey, D.V.M.

Katherine Thigpin, D.V.M.

Lynn Madonia, D.V.M.

Andy Killian, D.V.M.

Kathleen Wohlers, D.V.M.

NEW CLIENT FORM

Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

CLIENT INFORMATION:

DATE: _____

Name: _____ **Spouse's Name:** _____

Address: _____ **City:** _____, **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____ **E-mail:** _____

Employer: _____ **Employer Phone:** _____

Spouse's Employer: _____ **Employer Phone:** _____

Drivers License No. and State or Social Security # _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Please indicate choice of payment: **Cash/Check** _____ **Debit Card** _____
Visa/Mastercard/Discover/American Express _____ **Care Credit** _____

It is our policy to provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment is required.

How did you become aware of our hospital? Drove by _____ Yellow Pages _____ Internet _____ Previous Client _____
Or Personal Recommendation (Whom may we thank?) _____

PATIENT INFORMATION:

PET #1

PET #2

PET #3

Name of Pet _____

Breed _____

Date of Birth / Appoximate Age _____

Color _____

Sex / Spayed or Neutered _____

Vaccination History - (Date)

Rabies _____

DHLP Parvo / FVRCP _____

Feline Leukemia / FIV Test _____

Bordetella / Kennel Cough _____

Heartworm Test / Prevention _____

Is your pet on any diets or medications ? _____

Any previous serious illness or surgeries ? _____

Any allergies to vaccinations or medications? _____