

Patient / Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____ Spouse/Other: _____

Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary phone #: _____ C/H/W Secondary phone #: _____ C/H/W

Employer's Name & Address _____

If Military: Rank: _____ P.C.S. _____ E.T.S. _____

Spouse's/Other's Employer Name & Address: _____

At What Time _____ And At What Phone # _____ Is It Best to Call About Your Pet?

In Case of EMERGENCY, Call _____ At Phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Preferred Method of Payment: Cash Check Credit Card (MC / Visa / Discover)

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

- Individual, Someone We May Thank? _____
- Website _____
- Online directory, which one? _____
- Yellow Pages, or another telephone directory? _____
- Hospital Sign? _____
- Another Hospital? If so, which? _____
- Other, please state: _____

How Would You Like To Be Reminded of Future Recommended Preventive Health Care Services For Your Pet?

Email, please provide _____ Phone Mail

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, in the event that collection efforts become necessary. I understand that a service fee of \$40.00 will be assessed for each non-sufficient funds check and/or certified letter that much be sent. I understand that Veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Signature _____

Date _____