

CHIPPEWA ANIMAL HOSPITAL

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PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving our hospital the opportunity to care for your pet. So that we may be better able to meet your needs, please complete the following: (PLEASE PRINT LEGIBLY)

Today's Date _____

Owner(s) _____ Spouse's _____
Last First Last First

Address _____
Street City State Zip

Residence Phone _____ Cell/Work Phone _____

Email _____

How did you become aware of our hospital?

- Yellow Pages Hospital Sign Internet
- Personal Recommendation – who may we thank? _____

Patient (Pet) Medical History (Please fill for each pet)

	Pet 1	Pet 2	Pet 3
Name			
Species(cat, dog, etc)			
Breed			
Description (color)			
Age			
Sex			
Spayed/Neutered			
Dates Vaccinated			

What prior illness, surgery, or drug allergies should we know about?

Has your pet been to a veterinarian before? Yes No Date of last visit _____

If so, is there a reason for changing? _____

PAYMENT POLICY:

Full payment is due when services are rendered. Deposits are required on major medical/surgical cases, trauma cases, and emergency treatment where hospitalization is required.

Please indicate your choice of payment method: Cash Credit Card Check Care Credit

We do NOT carry open accounts and hope the above methods are convenient for you.

I agree to pay any costs and charges necessary for the collection of any amount not paid when due.

To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on all vaccines and be free of internal and external parasites. I authorize **CHIPPEWA ANIMAL HOSPITAL** to provide vaccines and parasite control when needed.

Signature of owner or authorized representative:

Signature _____ Drivers License # _____ Date _____

Thank you for bringing your pet to our hospital. We hope you are pleased with our services and facilities, and would appreciate your letting us know how we might improve them.