

HOLLYWOOD ANIMAL HOSPITAL - CLIENT/PATIENT INFORMATION SHEET

CLIENT INFORMATION

Date: _____ Email: _____
Name: _____ Secondary Name: _____
Address: (City/State/Zip/Apt.) _____
Home #: _____ Cell #: _____ Work#: _____
Social Security # _____ Employer: _____

PET INFORMATION

Name: _____ Dog ___ Cat ___ Male ___ Female ___ Age: Years ___ Months ___
Spayed/Neutered: Y ___ N ___ Breed _____ Color _____

IMMUNIZATION HISTORY

Rabies (dog/cat) Date: _____ FVRCP (cat) Date: _____ Leukemia (cat) Date: _____

DHLP (dog) Date: _____ Parvo (dog) Date: _____ Leptospirosis (dog) Date: _____

Veterinarian or hospital where vaccinated: _____

REFERRAL INFORMATION

Referring Veterinarian: _____ Reason for Referral: _____

Patients referred by veterinarians will receive services related to the presenting problem only. Clients are requested to return to their regular veterinarian for all other work. In certain instances, a follow-up visit related to the presenting problem may be done at our hospital.

How did you hear about Hollywood Animal Hospital?

Clinic sign: _ Yellow Pages: _ Google: _ Word of mouth: _ White Pages: _ Yellow pages.com: _ Website: _ Other: _

Will you allow us to post your pets image on our website or facebook page? Y ___ N ___

PAYMENT POLICY

All fees are due at the time services are rendered. We accept Cash, Visa, Master Card, Discover and offer Care Credit for Surgical and extensive Medical Services.

A deposit is required when an animal is admitted for medical / surgical services. This is 75% of the initial estimate. You may be required to leave additional monies for a lengthy stay in the hospital. The remainder of the payment is due upon discharge of your pet.

My signature indicates that I understand that I am responsible for all fees incurred in treating my pet.

Signature; _____