

WELCOME TO OUR HOSPITAL

Thank you for giving Bluffs Animal Hospital the opportunity to care for your pet.
To help us serve you better, please complete the following:

OWNER INFORMATION

Name _____ Spouse _____
last first
Local Address _____
City _____ St _____ Zip _____
Home Phone _____ Work Phone _____ Cell phone _____
Which phone number is best to reach you? _____ Email _____
Employer/Occupation _____
Work or Other Address _____
Have you been here before with other pets? _____
How did you hear about us or who referred you? (So we may thank them) _____

For Office Use Only: Name on I.D. _____
Address on I.D. _____
Driver License no. _____ St. _____ Birth Date _____ SSN _____
Race _____ Sex _____ Height _____ Hair _____ Eyes _____ Other I.D. _____
Verified by _____ Date _____

PET INFORMATION

Pet's Name _____ Sex: M or F Neutered or Spayed: Yes No
Pet Insurance Carrier _____ Policy Number _____
Pet's Birth Date _____ Species: Dog Cat Other _____
Breed _____ Color _____ Weight _____
Microchip or Tattoo I.D. _____ Drug reactions, Allergies, or previous medical problems _____
Current Medications _____

Date of last Vaccinations

	Mo/Yr		Mo/Yr	
DOGS	Rabies (RV)	_____	Rabies (RV)	_____
	Distemper/Parvo(DAP)	_____	Distemper (FVRCP)	_____
	Leptospirosis	_____	Leukemia (Felv)	_____
	Bordetella/Parainfluenza (KC)	_____	CATS Felv/FIV test	_____
	Heartworm test	_____	Fecal test	_____
	Fecal test	_____	Fecal test	_____

All fees are due at the time of treatment. A deposit may be required on pets admitted to the hospital. You must present your FL drivers license to pay by check. Only local checks will be accepted. All returned checks are charged a minimum \$30.00 returned check fee plus all collection costs. All unpaid balances are assessed a monthly finance charge of 1.5% (minimum \$5.00). The owner will be responsible for all collection costs if fees are not paid in full as agreed. I have read and agree to the above:

Owner Signature _____

Date _____