Patient Client Information

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

Date _____ Owner's Name (Mr., Mrs., Ms., Dr.) _____

Spouse/Other (Mr., Mrs., Ms., Dr.) _____

Address _____ City _____ State _____ Zip _____

Drivers License Number: _____ e-mail address _____

Home phone _____Work phone _____Cell phone _____

Employer's Name & Address _____

Spouse's/Other's Employer & Address _____

At what time _____ and at what phone number _____ is it best to call about your pet?

If someone brings us your pet in an emergency and you are not available, who do you want us to contact?

_____ What is their telephone number? _____

PAYMENT METHOD:

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Please select the desired method of payment:

☐ Visa ☐ Master Card ☐ American Express ☐ Discover ☐ Care Credit (credit that can be obtained quickly with help from our receptionist) ☐ Personal check ☐ Cash

HOW DID YOU FIRST HEAR OF OUR HOSPITAL? ☐ Previous Client ☐ AAHA referral

☐ Individual; someone we may thank? _____ ☐ Hospital sign

☐ Yellow Pages ☐ Veterinarian _____ ☐ Introductory Letter ☐ Other _____

We consider our pet(s) ☐ Part of the family ☐ just as pets

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signature: _____