



Welcome to the Waterloo Animal Hospital!

In order for us to better serve you; please take a few minutes to fill out our new client/patient form to the best of your ability. Thank You!

Client Information

Date _____

Last Name _____ First _____ Spouse _____

Address _____

City _____ State _____ Zip _____ County _____

Telephone (____)_____-____ Cell (____)_____-____ Other (____)_____-____

Emergency Contact Person & Phone _____

Email Address _____

Would you like vaccination reminders sent to you via email? Yes _____ No _____

Driver's License Number _____

Employer's Name & Phone Number _____

PAYMENT IS REQUIRED AT TIME OF SERVICE!

Acceptable methods of payment are: CHECK CASH CREDIT CARD

The goal of the Waterloo Animal Hospital staff is to provide all clients with the finest veterinary care, quality products, and a well-equipped hospital supported by trained professionals. In order to keep fees at a reasonable level, the Waterloo Animal Hospital depends on its clients to pay their bills at the time services are rendered. I, the undersigned do hereby agree to pay the balance due to the Waterloo Animal Hospital in a timely manner. Since this is NOT a lending institution, a 2% or \$2.00 minimum service charge will be added to any outstanding balance at the end of each month that the balance is not paid in full. I understand and agree that if the Waterloo Animal Hospital is required to take legal action to collect a delinquent account, I will be required to pay reasonable costs and attorney's fees incurred in addition to interest set forth herein.

Signature _____



Patient Information	PET 1	PET 2	PET 3
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Name	_____	_____	_____
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Species (Cat, Dog, other).....	_____	_____	_____
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Breed.....	_____	_____	_____
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Color.....	_____	_____	_____
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Date of Birth.....	_____	_____	_____
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Sex (male/female).....	_____	_____	_____
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Neutered/Spayed.....	_____	_____	_____
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Microchip Number.....	_____	_____	_____
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<u>Vaccinations/Tests</u>	Date Last Given		
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Rabies (Dog & Cat, 1 or 3 yr)..	_____	_____	_____
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Distemper (Dog).....	_____	_____	_____
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Heartworm Test.....	_____	_____	_____
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Bordetella Vac.....	_____	_____	_____
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Distemper (FVRCP – Cat).....	_____	_____	_____
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Feline Leukemia Vac.....	_____	_____	_____
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Prior Illness/Concerns/Meds	_____	_____	_____
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