

New Client/Patient Information Sheet

Owner's Name: _____ Spouse/Other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (____) _____ Work Phone #(____) _____ Cell # (____) _____

****E-MAIL Address :** _____ Employer Name _____

In Case of EMERGENCY, Call _____ Phone # _____

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check, please complete the following.

Bank Name: _____ Driver's License _____

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on Distemper and Rabies Vaccines I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed and additional pets I present.

Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital. .

I understand that a service fee of **\$25.00** will be assessed for each non-sufficient fund check and a default rate of **1/12% per month** (18% annual percentage rate) will be charged for any outstanding balance I carry of over 30 days.

I agree that in the event collection efforts become necessary I agree to pay any or all court cost and/or attorney fees necessary to collect full amount due.

Signature _____ **Date** _____

Name of Previous/Current Veterinarian: _____ How did you hear of our hospital? _____

Animal Medical History

Please complete pet information		Pet #1	Pet #2	Pet #3
Pet's Name				
Breed				
Sex				
Altered or Spayed?				
Date of Birth				
Colors and Markings				
Diet (Name of Your Pet's Food)				
Medications				
DOG VACCINES	RABIES			
	DIST/PARV			
	BORDETELLA			
CAT VACCINES	RABIES			
	FVRCP			

Medical History/ Prior illness/surgery:

Reason for visit today:
