

NEW CLIENT/PET INFORMATION FORM

Please print and fill out this form and bring it with you at the time of your pet's appointment.

CLIENT (Owner) INFORMATION:

Ms Mrs Mr Dr Other _____ First Name: _____ Last Name: _____

SECOND CONTACT: [Spouse Friend Partner Neighbor Other]

Ms Mrs Mr Dr Other _____ First Name: _____ Last Name: _____

Client (Owner) Street Address: _____ Apt # _____

City _____ State _____ Zip Code: _____

Home Phone #: _____ Work #: _____ Cell #: _____

Please circle the above number where we can reach you most readily especially between 8am and 7pm as being able to reach pet-owners quickly is sometimes important and often very difficult.

Email (Please print clearly): _____ @ _____

[We do not market any products by email; we may send reminders by email or important info related to health, hospital staff changes, etc]

I found out about your Hospital from: website_ yellow pages _ walked by _
friend/client _____ another vet _ Dr _____

PATIENT INFORMATION:

Name: _____ Feline Canine Other _____

Breed: _____ Female Male _ Spayed/Neutered? _

Date of Birth is known: _____ / _____ / _____ Estimated as: _____ / _____ / _____ Unknown _

Patient Color & Markings: _____

Does your pet have any recurring or other significant medical history? **YES NO** (The doctor will discuss this further.)

Is your pet on any medication? **YES NO** (The doctor will discuss this further.)

Does your Pet have a microchip? **YES NO** Do you know the number? _____

Do you have Pet Health Insurance? **YES NO** Do you anticipate any foreign travel with your pet? **YES NO**

FINANCIAL POLICY SUMMARY: We do not bill for services. In-patient care is by written consent. Payment is due in full at the time that services are performed and we cannot release hospitalized pets from the hospital, or release medications dispensed until the final bill for hospitalization or the current patient visit has been paid. We accept CASH, VISA, MASTERCARD, and AMEX payments. We do not extend credit. All open invoices are sent to collection after 45 days.

IF YOU PLAN TO HAVE A THIRD PARTY PRESENT YOUR PET FOR TREATMENT, please speak with one of the Receptionists. We promote the use of Pet Health Insurance and will prepare, and send claim forms promptly in order to expedite your reimbursement. Any information that we collect is private and for our use only.

I have read, understand, and agree to the Financial Policy. _____
Signature

REASON FOR TODAY'S VISIT: _____