

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 _____ Spouse/Other _____.

Address _____ City _____ State _____ Zip _____.

Home Phone _____ Work Phone _____.

Employer's Name & Address _____.

Spouse's/Other's Employer & Address _____.

E-mail address: _____.

In case of EMERGENCY, please call _____ at telephone number _____.

Social Security # _____ Spouse Social Security # _____.

Driver's License # _____ Spouse Driver's License # _____.

How did you first hear of our hospital?

- Individual; someone we may thank? _____ AAHA Referral
 Yellow Pages for location Hospital sign
 Yellow Pages for service(s) Other _____.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDING 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.

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor.

OUR ACCOUNTING SYSTEM IS NOT SET UP TO INVOICE OUR CLIENTS. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. BY SIGNING I AGREE THE ABOVE INFORMATION IS A LEGAL AND LAWFUL DEBT. SHOULD IT BECOME NECESSARY TO FORWARD THE ACCOUNT FOR COLLECTION, I AGREE TO BE RESPONSIBLE FOR ANY/ALL COLLECTION COSTS, ATTORNEY FEES, AND/OR COURT COSTS. I WAIVE NOW AND FOREVER MY RIGHT OF EXEMPTION UNDER THE LAWS OF THE CONSTITUTION OF THE STATE OF ALABAMA AND ANY OTHER STATE.

Any unpaid balances will be subject to a finance charge of 1½% per month, (18% APR). Late charges and services charges may also be added under certain conditions.

Signature of Owner

Date

Comments: _____.

PLEASE PLACE PETS INFORMATION ON SECOND SHEET

ANIMAL MEDICAL HISTORY

(Please complete all information for each pet)

Pet Origin: Humane Society Pet Shop Kennel Advertisement
 Friend Stray Individual (nonbreeder)

	Pet # 1	Pet #2	Pet #3
Pet's Name			
Species (cat, dog, other)			
Breed			
Description (color)			
Date of Birth			
Age (years)			
Sex			
Length of time owned			
Neutered/Spayed			
Vitamins			
Diet (kind of pet food)			
Type of Grooming Products			
VACCINATIONS			
Name of Former Clinic			
Date of DHLPP (distemper-dog)			
Date of Parvovirus (dog)			
Date of Rabies (dog./cat)			
Date of FVRCP (infectious disease-cat)			
Date of Feline Leukemia			
Other Vaccinations			
Date of Heartworm Test			
Date of Fecal Exam (worms dog/cat)			
Name of Heartworm Preventative			
Prior Illness			
Prior Surgery(s)			
Dentistry			