Patient Information Sheet (PLEASE PRINT)

OWNER:

Last Name______________________________First Name____________________________

Co-owner/Spouse________________________First Name____________________________

Address(street)__________________________(city)_________________________________

(state)___________________________ZIP_______________Apt.#______________

Phone # - HOME_____________Daytime?_____________Co-owner HOME#___________

E-mail Address:____

Employment: Owner______________________________Ph.#_________________________

Co-owner/Spouse__________________________Ph.#____________________

Forms of Payment: (1) Check____(D.L. # required)________________________

(2) Cash_____

(3) Charge card- MC,VISA,DISC.,DEBIT or CareCredit Financing

The undersigned agrees that all past due amounts shall be charged 1.75% interest per month ($5.00 minimum) on the unpaid balance commencing thirty (30) days after billing. The undersigned accepts full financial responsibility and agrees to notify this office within 10 days of any change of address. The undersigned assumes and agrees to pay for all collection agency fees paid or incurred by us. Collection agency fees can be up to an additional 50% of the amount turned over for collection. In the course of collection of the amount due, an attorney may be engaged by this office or by the collection agency to help with the collection. The undersigned agrees to pay reasonable attorney fees, court costs, and other costs paid or incurred by this office or our collection agency while collecting the amount due.

OWNER/CO-OWNER SIGNATURE___________________________DATE____________

PET:

Name____________________________Age______Sex______Neutered________________

Breed_______________________Color______________Warnings to vet________________

Vaccination status: Cat---FVRCP______FELV______Rabies______FIP______________

(date last given) FIV test___________FELV test___________Fecal test_________

Dog---DHLPPC_________Rabies_________Bronchitis_____________

Lymes_____Heartworm test_____Fecal test_______________

Heartworm preventive____________Flea preventive_________

Tell us something unique about your pet:____

Does your pet have any major medical/social problems that we need to know about?___________

On any longterm medication?_____________

How did you become aware of us?____

Personal Referral?______Who do we thank for this referral_________________