

SPRING HILL ANIMAL CLINIC

CLIENT/ PATIENT INFORMATION FORM:

Welcome to Spring Hill Animal Clinic. 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.

Your Name/Title _____ Spouse/other _____

Address _____ City _____ Zip _____

Home Telephone _____ Your Work Telephone _____

Your Email Address _____ Spouse/Other Email _____

Your Employer _____ Employer Telephone _____

Spouse's Employer _____ Employer Telephone _____

Driver's License Number _____ State ____ (if you will wish to pay by check)

In case of EMERGENCY, please call _____ @ Telephone _____

How do you prefer to be notified of reminders? Phone message ___ Email ___ Post Card ___

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign _____ Direct Mail _____ Brochure _____ Yellow Pages Ad _____ Newspaper _____

Referred by _____

AT YOUR REQUEST, WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard, Discover Card, and Care Credit. We charge \$20. fee for returned checks.

Signature _____ Date: _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS/ TICKS STAYING AT THE HOSPITAL WILL BE TREATED WITH ORAL MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF FLEA AND TICK PARASITE CONTROL AS NEEDED FOR MY PET(S).

SIGNATURE _____ DATE _____

Flea control will be Capstar pill, a 24 hour flea adulticide. The cost is \$5

Tick control will be Nexgaurd 30 day flea and tick adulticide . The cost is approximately \$25

OFFICE USE :
_____ Information entered.

Please List Individual Pet Information :

PET NAME : _____

Circle one : CAT / DOG: _____ BREED : _____

AGE/ DATE OF BIRTH: _____

Circle one : MALE FEMALE
NEUTERED SPAYED

HOW/ WHERE DID YOU OBTAIN YOUR PET : _____

HOW LONG HAVE YOU HAD YOUR PET:

DOES YOUR PET HAVE A MICROCHIP? Y / N NUMBER: _____

We can scan your pet for the number if needed. Recently found pets will be scanned for a microchip.

Clinic or Hospital where last annual testing or vaccines were performed:

Name: _____ Phone number : _____

DATE:

CAT:

_____ Rabies
_____ RCP
_____ Leukemia
_____ Leuk/FIV testing
_____ Fecal

DOG:

_____ Rabies
_____ DaPP
_____ Lepto
_____ Bordatella
_____ Fecal
_____ Heartworm test

Monthly prevention: _____

Prior Illness or Surgeries :

Current Medications or special diets:

Office Use :

_____ Information entered