

## Client/Patient Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/ Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Spouse's Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Employer's Name \_\_\_\_\_

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.

Name of Previous/Current Veterinarian: \_\_\_\_\_

How did you hear about our practice? \_\_\_\_\_

I consent to Sandhill Pet Clinic to post and use pictures of my pets on the internet (webpage, Facebook i.e.) or other marketing materials. Y - N

Are you interested in learning about pet insurance? Y - N

### Animal Medical History

<b>Please complete information for all your pets - Thank You!</b>	Pet #1	Pet #2	Pet #3
<b>Pet's Name</b>			
<b>Species</b> (Dog, Cat, Bird, etc.)			
<b>Breed</b>			
<b>Description</b> (Color and Markings)			
<b>Age or Date of Birth</b> (Approximate)			
<b>Sex</b>	M - F	M - F	M - F
<b>Altered or Spayed?</b>	Y - N	Y - N	Y - N
<b>Diet</b> (Name of Your Pet's Food)			
Medications, Vitamins or Treats			
<b>Medical History - Prior Illness/Surgery:</b>			

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current:**

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$10.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service isn't provided during nighttime hours or as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel is not provided during nighttime hours. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that my pet has been abandoned

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_