



"Because I Care"

CLIENT/PATIENT INFORMATION FORM

Owner Information

Owner's Name:		
Spouse's Name:		
Address:		
City:	State:	ZIP:
E-mail:		
Home Phone:	Work Phone:	
Cell Phone:	Spouse Cell Phone:	
Emergency Contact:	Phone:	
For security purposes, the last 4 of your SSN. Owner:		Spouse:
How did you hear about us?		
Name and Address of Previous/Current Veterinarian:		

Pet Information

Name:	Age/Date of Birth:
Gender: M F	Spayed/Neutered: Yes No
Microchipped: Yes No	Current on Vaccines: Yes No
Species (Dog, Cat, etc.):	Breed:
Colors/Markings:	
Name:	Age/Date of Birth:
Gender: M F	Spayed/Neutered: Yes No
Microchipped: Yes No	Current on Vaccines: Yes No
Species (Dog, Cat, etc.):	Breed:
Colors/Markings:	
Name:	Age/Date of Birth:
Gender: M F	Spayed/Neutered: Yes No
Microchipped: Yes No	Current on Vaccines: Yes No
Species (Dog, Cat, etc.):	Breed:
Colors/Markings:	

Turn Over



Name:	Age/Date of Birth:
Gender: M F	Spayed/Neutered: Yes No
Microchipped: Yes No	Current on Vaccines: Yes No
Species (Dog, Cat, etc.):	Breed:
Colors/Markings:	

Terms

Please read the following carefully and initial upon reading each section.

_____ **State Law requires all dogs and cats to be current on rabies vaccinations.**
 All other vaccinations need to be current for hospitalized animals. Vaccinations will be updated at the time of your visit unless the veterinarian decides otherwise.

_____ We require payment in full at the conclusion of each visit. We are unable to offer any kind of payment plan or client account through our practice. Care Credit® and Scratch Pay® are available. Payments may be made by Visa, Mastercard, Discover, American Express or Cash.

_____ We do NOT accept checks.

_____ We will gladly prepare a written estimate before any treatment is done. Please advise reception or the doctor if you would like an estimate.

_____ If fleas are found on your pet, for its health and the health of other pets staying in the practice, they will be treated at your expense.

_____ If you have pet insurance, we are happy to fill out the Veterinarian portion of the forms. Your full payment will still be required when services are rendered, but you will be able to seek reimbursement from your insurance company. We have no affiliation with any insurance company and you will still be responsible for submitting the forms on your own.

_____ At least 24 hours' notice is needed to reschedule an appointment. Failure to keep an appointment will be noted on your account. After 3 missed appointments you will be required to pre-pay before new appointments are made.

_____ If you neglect to pick up your pet within 5 days of discharge, we may assume it to be abandoned and are hereby authorized to take whatever action we deem best.

_____ We are able to use your pet's photo in emails and marketing.

I hereby authorize Dr. Kathy's Veterinary Care to receive, prescribe for, treat and/or perform surgery upon the pets on my account.

Signature: _____ Date: _____