

The Coldwater Animal Hospital

Client / Patient Information Sheet

Welcome to the Coldwater Animal Hospital. Please take a few minutes to answer the following questions so that we may better serve you and car for your pet.

OWNER INFORMATION

Owners' Names (Owner must be at least 18 years old. Please include co-owner if applicable)

1. _____

Social Security #: _____ * Driver's License #: _____

Employer (#1): _____ Work Phone: _____

Cell phone / Pager: _____

2. _____

Social Security #: _____ * Driver's License #: _____

Employer (#1): _____ Work Phone: _____

Cell phone / Pager: _____

** No checks will be accepted without a photo drivers license

Street Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Other (pager, cell, etc.): _____

PAYMENT POLICIES:

- A charge may be assessed for appointments cancelled without 24 hours notice.
- Full payment is expected at the time of service. Unpaid charges will incur finance / billing charges monthly until paid in full.
- Any check returned unpaid will incur a \$25.00 fee. After 2 unpaid checks have been returned, payment must be cash, money order or credit card.
- Any account deemed "difficult to collect" by management will be forwarded to a collection agency. All fees associated with the collection process (including, but not limited to: agency fees, attorney fees and court costs) will become the responsibility of the delinquent party.

I acknowledge that I have read, understand and agree to the above listed payment policies. In addition, I agree that by accepting service and / or merchandise offered by Coldwater Animal Hospital, I am contracting to pay the full price of the service / item, less any discount extended to me by the hospital management.

Signature: _____ Date: _____

Continued on back..

How did you hear about us?

_____ Friend / Neighbor (name: _____)

_____ Yellow Pages Ad

_____ Currently / Formerly a client (new pet)

_____ Driving by / Saw sign

PET INFORMATION

Name: _____ Canine or Feline Breed: _____ Sex: M F

Color(s): _____ Spayed / Neutered: Y N D.O.B.: ___ / ___ / ___ Home Again Chip #: _____

Habitat (Indoor / Outdoor): 100% to 0% 75% to 25% 50% to 50% 25% to 75% 0% to 100%

Other pets are in the home (# & species)? _____

• Date this pet was last examined by a veterinarian: _____ Where? _____

• Do you routinely board / kennel this pet?.....Y N..... Where? _____

• What types of food are regularly included in this pet's diet?

Dry brand: _____ Amt. Per day: _____ Canned brand: _____ Amt. Per day: _____

Table scraps? Y N How often? _____ Treats: Y N _____ How often? _____

• Please list any known allergies: _____

• Has this pet had any previous medical problems?.....Y N

Please describe problems and treatment: _____

• Is this pet currently being treated for a medical condition? Y N

Please explain: _____

• Reason for today's visit: _____

Please list any other people authorized to approve treatment or receive information regarding your pet's condition:

Name: _____ Relationship to owner: _____

Emergency only: Y N Phone #: _____ Approve treatment: Y N Receive Information: Y N

Name: _____ Relationship to owner: _____

Emergency only: Y N Phone #: _____ Approve treatment: Y N Receive Information: Y N