

The Coldwater Animal Hospital

Client and 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 care for your pet.

PET NAME: _____

OWNER INFORMATION

Owner must be at least 18 years old. Please include co-owner if applicable. Check 1 box for primary phone #

1. Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

2. Name: _____ Cell phone/pager: _____

Employer: _____ Work Phone: _____

Street Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Email Address: _____

Please indicate communication preference: Text : opt IN opt OUT Email: opt IN opt OUT

PAYMENT POLICIES

- I understand that if I cancel an appointment with less than 24 hours notice or if I miss a scheduled appointment, I will be charged a fee of \$50 for an office call or equal to 50% of the high end of estimated services for a surgery appointment.
- I understand that I will be charged \$25 for any check returned unpaid.
- I understand that full payment is expected at the time of service. There is a \$5 for any balance unpaid at the time of visit and unpaid charges will incur interest (1.33% monthly) and billing charges (\$2 per statement) until paid in full.
- I agree to pay all fees associated with the collection process if my account is sent to a collection agency including: collection agency fees (at a maximum of 33.33% of the debt) of the debt and costs & expenses including reasonable attorney fees incurred by collection efforts.

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 the 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 #1: _____ Date: _____

Signature #2: _____ Date: _____

Continued on back..

Owner name(s) _____

How did you hear about us?

____ Friend/neighbor (Name _____) _____ Yellow Pages _____ Currently/formerly a client _____ Driving by
____ Web search _____ Other: _____

PET INFORMATION

Name: _____ Breed: _____ Color(s): _____ Date of Birth: _____

Sex: Male Female Spayed or neutered: Yes No

Home Again Microchip number (if applicable): _____

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

• Please list any known allergies your pet has: _____

• 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 or taking any medication? Y N

Please list: _____

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

1) Name: _____ Relationship to owner: _____ Phone #: _____

Please initial one of the following:

_____ Authorized to approve treatment and receive information regarding the pet's condition in ALL situations (including emergencies, routine and sick appointments). The owner accepts financial responsibility of all treatments approved

_____ Authorized to approve treatment and receive information regarding the pet's condition in EMERGENCY situations only. The owner accepts financial responsibility of all treatments approved.

_____ Authorized ONLY to receive information regarding the pet's condition, NOT to approve treatment or bring the pet in on the owner's behalf.

2) Name: _____ Relationship to owner: _____ Phone #: _____

Please initial one of the following:

_____ Authorized to approve treatment and receive information regarding the pet's condition in ALL situations (including emergencies, routine and sick appointments). The owner accepts financial responsibility of all treatments approved

_____ Authorized to approve treatment and receive information regarding the pet's condition in EMERGENCY situations only. The owner accepts financial responsibility of all treatments approved.

_____ Authorized ONLY to receive information regarding the pet's condition, NOT to approve treatment or bring the pet in on the owner's behalf

Thank you for choosing Coldwater Animal Hospital. We look forward to helping you keep your pet happy and healthy!