

# Companion Animal Hospital

## PLEASE COMPLETE ALL

Please present your driver's license or ID to the receptionist to copy and place on file in your chart.

## INFORMATION

(Your address may not be a P.O. Box – it must be a physical address)

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No. \_\_\_\_\_

Employer: \_\_\_\_\_ **If self employed you MUST write the name of your business**

Position: \_\_\_\_\_ Work No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

**If SS # is not provided, CASH or CREDIT only**

**EMAIL ADDRESS:** \_\_\_\_\_

Co-Owner:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell No. \_\_\_\_\_

Employer: \_\_\_\_\_ **If self employed you MUST write the name of your business**

Position: \_\_\_\_\_ Work No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

## PLEASE INITIAL THE FOLLOWING:

\_\_\_\_\_ I authorize Companion Animal Hospital to care/diagnose/treat my pet

Initial

\_\_\_\_\_ I hereby agree to be financially responsible for all charges incurred at Companion Animal Hospital.

Initial

\_\_\_\_\_ I understand that **payment is due at the time services are rendered.**

Initial

\_\_\_\_\_ I understand that emergencies, surgeries, and anticipated large bills **will require a deposit**

Initial

\_\_\_\_\_ I understand that a **\$30.00 fee** will be charged for any check returned unpaid by my bank. I also understand Companion Animal Hospital **does not re-submit returned checks** and if not paid with either cash or credit card within **10-days** from the date returned, the check will be turned over to the **District Attorney's** office for legal action.

\_\_\_\_\_ I understand that Companion Animal Hospital does not do any billing. However they do offer CareCredit on approved credit.

\_\_\_\_\_ I understand that if my account should become delinquent, I will be responsible for any and all billing and accrued interest charges (at the state allowable rate), from the date of delinquency.

\_\_\_\_\_ I understand in order to prevent the spread of infectious diseases and parasites, **ALL**

Initial **hospitalized, boarded or groomed pets must be current on vaccines, fecals and dewormings..**

\_\_\_\_\_ I agree to allow Companion Animal Hospital to place my pet's photo in their website photo gallery.

Initial

I was referred to Companion Animal Hospital (check one)

\_\_\_\_\_ Drive by \_\_\_\_\_ Sprint Yellow Pages \_\_\_\_\_ Internet \_\_\_\_\_ Other clinic \_\_\_\_\_

\_\_\_\_\_ Client referral – please tell us their name so that we may send them a Thank you!

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Co-Owner Signature

**YOUR PET'S INFORMATION:**

**Pet #1** Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ SEX:  MALE  FEMALE  
Color: \_\_\_\_\_ Spayed/Neutered  Yes  No  
Where did you purchase your pet from?:  
\_\_\_\_\_

Vaccine History: Where given:  
\_\_\_\_\_

**Dates of Last Vaccines:**  
\_\_\_\_\_

Current diet:  
\_\_\_\_\_

Any other health history we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

**Pet #2** Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ SEX:  MALE  FEMALE  
Color: \_\_\_\_\_ Spayed/Neutered  Yes  No  
Where did you purchase your pet from?:  
\_\_\_\_\_

Vaccine History: Where given:  
\_\_\_\_\_

**Dates of Last Vaccines:**  
\_\_\_\_\_

Current diet:  
\_\_\_\_\_

Any other health history we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

**Pet #3** Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Species: \_\_\_\_\_ Breed: \_\_\_\_\_ SEX:  MALE  FEMALE  
Color: \_\_\_\_\_ Spayed/Neutered  Yes  No  
Where did you purchase your pet from?:  
\_\_\_\_\_

Vaccine History: Where given:  
\_\_\_\_\_

**Dates of Last Vaccines:**  
\_\_\_\_\_

Current diet:  
\_\_\_\_\_

Any other health history we should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_