Patient/Client Information

Please help us update our files by filling out the following form. Thank you and we appreciate you help! All personal information is for our record keeping and billing information only.

Owner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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





Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Name and Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse or Other Authorized Party:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_

Spouse/Other’s Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To help prevent the spread of infectious disease, hospitalized and boarded animals must be current on all vaccinations. We would be happy to update vaccines at the time of your visit if deemed appropriate by our veterinarians. DUE TO STATE LAWS AND INSURANCE REQUIREMENTS, ALL DOGS AND CATE MUST BE CURRENT ON RABIES VACCINATION.

I understand that every effort will be made to achieve a successful outcome and to provide for all safety in hospital care and handling. I hereby authorize Old Troy Pike Veterinary Clinic to receive, prescribe for, treat, or operate upon the pet(s) listed on the reverse side and additional pets I may present. Furthermore, I agree to pay all professional fees for services rendered at the time that my pet is discharged from the hospital or the services are otherwise terminated. I understand that I have the right to request a written estimate for any services expected to be performed in a reasonable course of diagnosis and/or treatment prior to said services being performed. I agree to pay for the reasonable costs of collection if collection efforts become necessary. I understand that a service fee of $20.00 will be assessed for each returned check and/or certified letter that must be sent. I understand that care is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet or notify you of my intention to do so within 10 days of discharge, I understand that I am abandoning my pet and am hereby surrendering ownership of my pet to Old Troy Pike Veterinary Clinic.

ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE. How would you prefer to pay today?

\_\_\_\_\_Cash \_\_\_\_\_Credit Card \_\_\_\_\_Check \_\_\_\_\_Care Credit

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Pet 1 | Pet 2 | Pet 3 |
| Pet’s Name |  |  |  |
| Species |  |  |  |
| Breed |  |  |  |
| Birthdate or Age |  |  |  |
| Color/Markings |  |  |  |
| Sex | Male Female | Male Female | Male Female |
| Spayed/Neutered | Yes No | Yes No | Yes No |
| Diet (pet food, any treats or people food, and how often your pet receives them.) |  |  |  |
| Daily Medications (prescriptions, vitamins, any supplements, etc.) |  |  |  |
| Is your pet microchipped? | Yes No | Yes No | Yes No |
| Flea prevention used/months used per year |  |  |  |
| Heartworm prevention used/months used per year |  |  |  |
| Is your pet up to date on vaccinations? Please provide records of any vaccines done elsewhere |  |  |  |
| Dogs: has your pet been tested for Heartworm Disease | Yes No | Yes No | Yes No |
| Cats: Has your pet been tested for Feline Leukemia/Immunodeficiency | Yes No | Yes No | Yes No |
| Has your pet had a stool sample to check for internal parasites | Yes No | Yes No | Yes No |
| Has your pet had any recent bloodwork performed elsewhere? If yes, when and where | Yes No | Yes No | Yes No |
| Please list any other prior illnesses or surgeries your pet has had, as well as any other pertinent medical history. |  |  |  |