

Collingswood Animal Hospital

Welcome

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we will be happy to help you. We look forward to providing you and your pet(s) with the care you deserve!

CLIENT INFORMATION

Date _____

Owner's Name _____ Spouse's Name _____

Home address _____

City _____ State _____ Zip _____ Home phone # _____

Out of area address: _____

Cell phone # _____ Spouse's cell # _____ Alternative # _____

Owner's Employer _____ Work # _____

Spouse's Employer _____ Work # _____

How did you become aware of our practice? Yellow pages _____ Clinic sign _____
Internet _____ Previous client _____ Animal Shelter _____ Emergency Clinic _____
Recommendation _____ If so, whom may we thank? _____

PATIENT INFORMATION

PET #1

PET #2

PET #3

PET #4

Name: _____ Name: _____ Name: _____ Name: _____

Breed: _____ Breed: _____ Breed: _____ Breed: _____

Color: _____ Color: _____ Color: _____ Color: _____

Birthdate: _____ Birthdate: _____ Birthdate: _____ Birthdate: _____

Sex: _____ Sex: _____ Sex: _____ Sex: _____

Spayed Neutered Intact
circle one

Spayed Neutered Intact
circle one

Spayed Neutered Intact
circle one

Spayed Neutered Intact
circle one

Microchip/Tattoo (circle one) Microchip/Tattoo (circle one) Microchip/Tattoo (circle one) Microchip/Tattoo (circle one)

ID# _____ ID# _____ ID# _____ ID# _____

MEDICAL HISTORY

Please notify our staff of any special diet, medications, drug allergies or previous medical issues. For the protection of all pets we require up-to-date vaccination and medical records to be on file.

AUTHORIZATION:

I hereby authorize the veterinarian to examine, prescribe for or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I understand that **ALL FEES ARE DUE AT THE TIME OF SERVICE**. I also agree that should my account become delinquent, I will be responsible for all collection costs, including but not limited to the outstanding balance, attorney fees, court costs, collection agency fees and interest at the annual rate of 18% (1.5% per month)

Signature of client: _____ Date: _____