



Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out all four pages of the information sheets.

Owner's Last Name: _____ First Name: _____

Mailing Address: _____

Street Address (if different) _____

Zip: _____ Home Phone #: _____ City: _____ State: _____

Work Phone #: _____ Spouse's (Other's) Name: _____

Fax # (optional): _____ Cellular/Mobile # (optional): _____

How did you hear of our hospital?

- Individual, Someone We May Thank? _____
- Yellow Pages, or another telephone directory?
- Hospital Sign?
- Another Hospital? If so, which? _____
- Other, please state: _____

Email Address: _____ Preferred Doctor: _____

Owner's Date of Birth: _____

Driver's License Number and State: _____ (required for check writing purposes)

Employer's Name & Address: _____ / County _____

In Case of EMERGENCY, Call _____ At Phone # _____

Pet's Medical History

1. Pet's Name _____ (circle) Male / Female → (circle) Spayed/ Neutered?
 Age or Date of Birth _____ Rabies Vaccine Last Given _____
 Rabies Tag Number (if known) _____ Breed _____
 Color / Markings _____ Species _____

2. Pet's Name _____ (circle) Male / Female → (circle) Spayed/ Neutered?
 Age or Date of Birth _____ Rabies Vaccine Last Given _____
 Rabies Tag Number (if known) _____ Breed _____
 Color / Markings _____ Species _____

3. Pet's Name _____ (circle) Male / Female → (circle) Spayed/ Neutered?
 Age or Date of Birth _____ Rabies Vaccine Last Given _____
 Rabies Tag Number (if known) _____ Breed _____
 Color / Markings _____ Species _____



Name of Previous/Current Veterinarian: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations.
DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION.

Do you have verification of Rabies status with you? yes no

If not, choose: Vaccinate today at a cost of \$14.00-\$16.00.

Call previous Veterinarian for tag number:

Previous Veterinarians name _____

Phone number _____

Do you have previous vaccine history with you? yes no

If not, would you like to have your records faxed and be added to your PetDocks medical record? **yes no**

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered.

Owner / Agent's Signature: _____

Date: _____



PetDocks Veterinary Hospital's Financial Policy

Thank you for choosing PetDocks Veterinary Hospital as your veterinary care provider. We are committed to your pet's treatment being successful. Please understand that payment of your bill is considered part of your pet's treatment. The following is a statement of our Financial Policy.

All patients must complete our New Client & Patient Information forms before seeing the doctor.

The owner, or agent acting as owner, of any pet treated at PetDocks Veterinary Hospital is responsible for full payment. **FULL PAYMENT IS DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECK, or VISA/MASTERCARD.**

- Preferred Method of Payment: Cash Check Credit Card Payment Plan (CareCredit)

FOR AFTER-HOURS EMERGENCIES, PAYMENT MUST BE MADE IN CASH OR WITH A CREDIT CARD.

Estimates will be provided at your request prior to any services, other than life-saving/resuscitative measures, being performed.

In the event your account has to be turned over to our attorney, or a collections agency, we reserve the right to charge a collections fee of up to 50% of your account balance.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient funds check and/or certified letter that must be sent. All accounts unpaid after 30 days receive a \$5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of \$1.00.. I understand that veterinary service 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 within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns. *I have read the Financial Policy. I understand and agree to the terms of the Financial Policy.*

Owner/Agent's Signature _____ Date _____