

ANIMAL CLINIC OF EAST AVENUE

Client Information

Owner Information:

(Owner must be at least 18 years old)

Name: _____

Address: _____

Phone: _____

Alternate Phone: _____

SS #: _____

Employer: _____

Work Phone: _____

Email Address: _____

Co-Owner/Emergency Contact Information:

(Please add address/phone if different)

Name: _____

Address: _____

Phone: _____

Alternate Phone: _____

SS #: _____

Employer: _____

Work Phone: _____

Patient Information

Name: _____

Species: _____

Please Circle One:

Breed: _____

Female or Male

DOB: _____

Color: _____

Spayed or neutered

Habitat: Indoor to Outdoor Ratio: (Please Circle One Below)
100% indoor 75% to 25% 50% to 50% 25% to 75% 100% outdoor

What Other Pets are at home? _____

What type of food is your pet on? Canned _____ Dry _____ Both _____

Brand of food _____ Amount per day _____

Any Table scraps? _____ If yes, how often? _____

Any treats? (rawhides, bones, pig or cow ears) _____ If yes, how often? _____

Where did you get your pet? _____

When was the last time your pet was examined by a veterinarian? _____

Is your pet being treated for any medical problems? _____

Does your pet have any known allergies? _____ If yes, please describe _____

Any previous vaccines? _____ If yes, Which Hospital? _____

Whom may we thank for referring you? _____

Payment Policies:

A charge may be assessed for appointments cancelled without at least 2 hours notice.

***** FULL PAYMENT IS EXPECTED AT TIME OF SERVICE***** Unpaid charges will incur finance/billing charges monthly until paid in full. Any check returned unpaid will incur a \$25.00 fee. After 2 checks have been returned unpaid, payment must be in form of cash, money order or credit card. Any account deemed "difficult to collect" by management, will be forwarded to a collection agency. All fees associated with the collection process, including but not limited to: agency fees, attorney fees, and court costs will become the responsibility of the delinquent party.

****I acknowledge that I have read, understand and agree to the above listed payment policies. In addition, I agree that accepting service and/or merchandise offered by the Animal Clinic of East Ave., I am contracting to pay full price of the service/merchandise, less any discount extended to me by hospital management.**

SIGNATURE: _____ DATE: _____ staff initial _____