

COLONIAL TERRACE ANIMAL HOSPITAL

Patient Client Information

Welcome to **COLONIAL TERRACE ANIMAL HOSPITAL**. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sides of this information sheet.

Your Name/Title _____ Spouse/other _____

Address _____ City _____ Zip _____

Home Telephone _____ Your Work Telephone _____

Cell Number _____ Which Number Is Best to Reach You At? _____

Your Email Address _____ Spouse/Other Email _____

Your Employer _____ Employer Telephone _____

Spouse's Employer _____ Employer Telephone _____

Your Driver's License Number _____ State _____ (if you will wish to pay by check)

In case of EMERGENCY, please call _____ @ Telephone _____

How do you prefer to be notified of reminders? Phone message _____ Email _____ Post Card _____

How did you first learn of our hospital? We would like to thank any individual who referred you. (please circle)

Hospital Sign Yellow Pages Ad Newspaper AAHA Referral

Referred by _____

At your request we will gladly discuss cost of services and/or prepare a written estimate for recommended procedures.

Professional fees are due at the time services are rendered.

Deposits may be required for pets being admitted.

We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard and Discover Card.

We charge \$20. Fee for returned checks.

To prevent the spread of infectious diseases and parasites, we recommend animals be current on all vaccines. Pets with fleas will be treated with a topical or oral flea medication on admission, and the prescription price will be included in the invoice. I authorize administration of vaccines and parasite control as needed for my pet(s).

SIGNATURE _____ DATE _____

Please List Individual Pet Information On The Back Of This Form



ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
Name			
Cat or Dog?			
Breed			
Description/color			
Age			
Date of Birth			
Sex/Altered?			
Length of Time Owned			
How Obtained?			
Previous Hospital/Vet			
Microchip #			
Vaccinations			
DHP			
Bordetella			
Rabies			
FVRCP			
FELV			
Any Other Vaccines?			
Groomer			
Kennel			
Current Medications			
Special Diet			
Prior Illness/Accidents			
Prior Surgery/Dentistry			

Details

We are collecting information on breeders to refer to clients that ask. Please let us know if you would recommend your pet's breeder, their name, phone number and where located.
