

College Animal Hospital

Welcome to our hospital

So we may become better acquainted, please complete the following:

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

Best phone number to reach you _____

Employer _____ May we contact you at work? Yes or No

Spouse: ___ Significant Other: ___ Other: ___ Name: _____

Best phone number they can be reached? _____

How did you hear about us _____

Your Pet

Name _____ CAT or Dog _____ Age _____ Sex _____ Neutered or Spayed? Yes No
(circle one) (circle one)

Breed _____ Color/Markings _____

Serious Past Illness _____

Last vaccination date _____ Known Allergies _____

Additional pet information _____

Does your pet have a microchip? : Yes No (circle one) # _____
(We can scan your pet for the microchip number)

Payment for veterinary services and medicines are due in full before you and your animal leaves the hospital. We do not accept checks, care credit or payment plans. If hospitalization is needed, a deposit of up to 50% of the estimate may be required. The balance will be due upon the release of the animal. A late fee of 2.0 % may be applied to any outstanding balance over 30 days. Any collection fees will be charged to your account. By my signature below, I agree to assume all financial responsibility for all charges incurred.

Please indicate your preferred method of payment:

Cash _____ Debit _____ AmEx _____ MasterCard _____ Visa _____ Discover _____

Signature _____ Date _____