

## Patient/Client Information

Thank you for giving us the opportunity to care for your animal. Please help us better meet your needs by taking a few moments to fill out the pages provided.

Owner's First and Last name: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse/other: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone # : \_\_\_\_\_ Home phone # : \_\_\_\_\_ Work phone # : \_\_\_\_\_

In Case of EMERGENCY, call (other than self) : \_\_\_\_\_ at phone # : \_\_\_\_\_

Employer's Name, address and phone:

\_\_\_\_\_

Name of Previous/Current Veterinarian: \_\_\_\_\_

Please complete information for all your pets- Thank you!	Pet # 1	Pet # 2	Pet # 3
Pet's Name			
Species (dog,cat,bird,etc.)			
Breed:			
Description (color and markings)			
Age or date of birth (approximate)			
Sex:	Male or female	Male or female	Male or female
Neuter or spayed?	Yes -- No	Yes -- No	Yes -- No
Diet (name of your pets food)			
Daily medications or vitamins			
Is your pet on flea, tick or heartworm prevention. If yes what kind?			
Is your pet aggressive towards people/animals			

Release of pet records: Do you give permission to Academy Animal Hospital to release pet records to any of the following?

- Other animal clinics: YES or NO
- Additional people listed on account: YES or NO
- Others (list name and number)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

How would you like to receive your pets reminders? Email: \_\_\_\_\_

Text: \_\_\_\_\_

## Hospital Policies

- To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on ALL vaccinations as shown below:
  - Vaccinations required for surgeries, boarding or hospitalizations are:
    - DOGS- Rabies, Distemper with leptospirosis, and Bordetella
    - CATS- Rabies and Distemper with leukemia
- A deposit is required for surgeries, various treatments and boarding. Deposits start at \$75
- DUE TO STATE LAW AND INSURANCES REQUIREMENTS, ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATIONS. Vaccinations can be updated during your visit.
- A copy of a photo ID of the client will be required for the hospital's records
- Patients must be leashed or in a carrier while in the lobby and while in the exam room unless otherwise directed by a staff member.
- Vaccines not given by a licensed veterinarian will NOT be recognized. This includes, but is not limited to:
  - Breeder vaccines, not given by a licensed veterinarian
  - Pet store vaccines, not given by a licensed veterinarian.
  - Pet owner vaccines, not given by a licensed veterinarian.
  - Vaccinations must be presented on paperwork from a licensed veterinarian/clinic.
- We will gladly prepare a written estimate if you so desire. Please ask a technician, assistant or doctor
- IF USING CARE CREDIT: Please be advised that we will ask for a photo ID, and we will not accept a Care Credit card payment without matching ID of the cardholder.
- All payments are required immediately after service is rendered.
- We do NOT do ANY BILLING WHATSOEVER.
- We do NOT accept personal checks.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_