



PATIENT/CLIENT INFORMATION

Welcome to Beaver Lake Animal Hospital. Please help us meet your needs by taking a moment to complete both sides of this information sheet.

Name/Title _____ Spouse/other _____
 Physical Address _____ City _____ Zip _____
 Home Telephone _____ Cell Number _____
 Other Number(s) or ways to reach you _____
 Email Address _____ Other Email _____
 Spouse's Number _____ Spouse's other # _____
 Driver's License Number _____ State _____ (if you will wish to pay by check)
 List an emergency contact if needed/desired _____ Phone _____
 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.
 Hospital Sign Direct Mail Brochure Yellow Pages Ad Newspaper AAHA
 Referral by _____ How do you consider your pet? As part of your family Just a pet

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

Please provide an estimate for any service(s) that may cost \$ _____ or more.

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 and MasterCard.

***Checks will be electronically converted.**

We charge a \$40.00 fee for returned checks.

We require current rabies vaccination for our safety. To prevent the spread of infectious diseases, we recommend but do not require animals be current on vaccines. We assume no liability for pets or humans contracting infectious diseases or parasites. Pets with fleas will be treated with a topical or oral flea product on admission; the price will be included on the invoice.

I AUTHORIZE ADMINISTRATION OF RABIES VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S). Unless otherwise specified I authorize release of medical records for the following services request:

- Boarding/Day Camp/Activity
- Groomers
- Referral for other veterinarians
- _____

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			
DHPP			
Bordetella			
Rabies			
FVRCP			
FELV			
Any Other Vaccines?			
Groomer			
Kennel			
Current Medications			
Special Diet			
Prior Surgery			
Prior Dentistry			

Details/Prior Illness/Accidents

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.

Please tell us of any other information we should have to best assist you and your pets.

Wel ___ *TY* ___ *Phy Add* ___ *Email* ___ *DL* ___ *Sig* ___ *Policy* ___ *Remind* ___ *Emp* ___