

Staff Use:

Entered By: _____

CID #: _____



All about PetCare

Client and Patient Information Sheet

WELCOME TO THE ALL ABOUT PETCARE! PLEASE TAKE A FEW MINUTES TO ANSWER THE FOLLOWING QUESTIONS SO THAT WE MAY BETTER SERVE YOU AND CARE FOR YOUR PET.

PET NAME: _____

OWNER INFORMATION Owner must be at least 18 years old. Please include co-owner if applicable

1. Name: _____ Cell phone: _____

Social Security #: _____ *Driver's License #: _____

Employer: _____ Work Phone: _____

2. Name: _____ Cell phone/pager: _____

Social Security #: _____ *Driver's License #: _____

Employer: _____ Work Phone: _____

Street Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Email Address: _____

HOW DID YOU HEAR ABOUT US?

____ Friend/neighbor (Name _____) ____ Yellow Pages ____ Currently/formerly a client ____ Driving by

PAYMENT POLICIES

- **NO CHECKS ARE ACCEPTED AS PAYMENT.** We accept Visa, Mastercard, Discover, American Express, Care Credit & Cash
- A charge may be assessed for appointments cancelled without 24 hours notice.
- **FULL PAYMENT IS EXPECTED AT TIME OF SERVICE.**
- We will gladly prepare a written estimate of service fees if you desire.
- 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 be come the responsibility of the delinquent party. Unpaid charges will incur finance charges monthly until paid in full.

I acknowledge that I have read, understand and agree to the above listed payment policies. In addition, I agree that by accepting service and/or merchandise offered by All about PetCare, I am contracting to pay the full price of the service/item, less any discount extended to me by the hospital management. I hereby authorize All about PetCare, Inc. to release any medical information/records which they deem necessary to those I entrust with my pet's wellness. I understand that medical records will not be released if there is an outstanding balance on my account. A release of medical records fee of up to \$50 may apply.

Signature #1: _____ Date: _____

Signature #2: _____ Date: _____

Continued on back..

Owner name(s) _____

PET INFORMATION

Name: _____ Breed: _____ Color(s): _____ Date of Birth: _____

Sex: Male Female Spayed or neutered: Yes No or age: _____

• Date this pet was last examined by a veterinarian: _____ Where? _____

• Please list any known allergies your pet has: _____

• Has this pet had any previous medical problems? Y N

Please describe problems and treatment: _____

• Is this pet currently being treated for a medical condition or taking any medication? Y N

Please list: _____

• Please list your primary concern and any questions for today's visit _____

Please list any other people authorized to approve treatment or receive information regarding your pet's condition:

1) Name: _____ Relationship to owner: _____ Phone #: _____

Please initial one of the following:

_____ Authorized to approve treatment and receive information regarding the pet's condition in ALL situations (including emergencies, routine and sick appointments). The owner accepts financial responsibility of all treatments approved

_____ Authorized to approve treatment and receive information regarding the pet's condition in EMERGENCY situations only. The owner accepts financial responsibility of all treatments approved.

_____ Authorized ONLY to receive information regarding the pet's condition, NOT to approve treatment or bring the pet in on the owner's behalf.

2) Name: _____ Relationship to owner: _____ Phone #: _____

Please initial one of the following:

_____ Authorized to approve treatment and receive information regarding the pet's condition in ALL situations (including emergencies, routine and sick appointments). The owner accepts financial responsibility of all treatments approved

_____ Authorized to approve treatment and receive information regarding the pet's condition in EMERGENCY situations only. The owner accepts financial responsibility of all treatments approved.

_____ Authorized ONLY to receive information regarding the pet's condition, NOT to approve treatment or bring the pet in on the owner's behalf



Thank you for choosing All about PetCare. We look forward to helping you keep your pet happy and healthy!