



CLIENT INFORMATION SHEET

Thank you for giving CLAIRMONT ANIMAL HOSPITAL the opportunity to care for you pet. So that we may be better acquainted, please complete the following:

OWNER(S) _____ SPOUSE/OTHER _____
Last First MI Last First MI

ADDRESS _____
Number and Street

City State Zip County

PLEASE CHECK YOUR PREFERRED METHOD OF CONTACT:

[] HOME PHONE [] CELL [] WORK

DRIVERS LICENSE # _____ SOCIAL SECURITY # (optional) _____

E-MAIL ADDRESS _____

EMPLOYER _____ EMPLOYER'S ADDRESS _____

SPOUSE/OTHER'S EMPLOYER _____ SPOUSE/OTHER'S PHONE _____

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

[] YELLOW PAGES [] HOSPITAL SIGN [] OTHER VET [] INTERNET [] OTHER

REFERRED BY FRIEND _____
Name Address

Please initial

- 1. I understand all services must be paid in full at the time of service and prior to surgery and diagnostic testing. We accept Cash, Check, Visa, & Mastercard. Any unpaid balances that are over 90 days old will be forwarded to an outside collection agency. A \$15.00 (fifteen dollars) placement fee will be added to the balance subject to collection. Clairmont Animal Hospital does not provide financing i.e. payment plans. You may qualify for financing through Care Credit, ask our Client Service Specialist for details.
2. A service charge of \$20.00 (twenty dollars) will be applied to return checks. If you present two (2) checks that are returned to us, we will require cash for future services.
3. To avoid any misunderstandings, we advise clients to request estimates for surgeries or diagnostic testing. Our veterinarians will be happy to provide these estimates upon request. It is the pet owners responsibility to ask their veterinarian about estimates for services.

Signature _____

Date _____

CLAIRMONT ANIMAL
HOSPITAL

PATIENT INFORMATION SHEET

PET INFORMATION

CAT DOG OTHER _____ MALE FEMALE Spayed Neutered

NAME _____ BREED _____ COLOR _____ DOB _____

MICROCHIP: YES NO NEEDS TO BE SCANNED: _____ MICROCHIP #: _____

DATE OF LAST: (IF HISTORY IS NOT PROVIDED) _____ AT WHICH HOSPITAL OR VET _____

_____ DISTEMPER RESPIRATORY VACCINATION/DISTEMPER PARVO _____

_____ RABIES VACCINATION _____

_____ FELINE LEUKEMIA VACCINATION/BORDETELLA _____

_____ FECAL TEST _____

_____ FELINE LEUKEMIA TEST/HEARTWORM TEST _____

IS YOUR PET CURRENTLY ON HEARTWORM PREVENTION? IF SO, WHAT KIND? WHEN DID YOU LAST PURCHASE IT?

IS YOUR PET CURRENTLY ON FLEA/TICK PREVENTION? IF SO, WHAT KIND? WHEN DID YOU LAST PURCHASED IT?

HOW OLD WAS YOUR PET WHEN YOU ACQUIRED IT? _____

WHAT PRIOR ILLNESS OR SURGERY SHOULD WE KNOW ABOUT? _____

IS YOUR PET CURRENTLY ON A SPECIAL DIET OR MEDICATION? IF YES, PLEASE EXPLAIN. _____

DOES YOUR PET HAVE ANY DRUG ALLERGIES? IF YES, WHAT DRUG(S)? _____

WE REQUIRE THAT CATS BE UP TO DATE ON DISTEMPER-RESPIRATORY, COMBO TEST, FECAL TEST, AND RABIES VACCINATIONS AND DOGS BE UP TO DATE ON DISTEMPER-PARVO, FECAL TEST, HEARTWORM TEST, RABIES AND BORDETELLA VACCINATIONS.

Authorization to treat

I hereby confirm that I am the owner of the above named pet. I hereby authorize the veterinarians and staff of Clairmont Animal Hospital to provide medical treatment for the above named pet.

OWNER'S SIGNATURE

DATE

AGAIN, THANK YOU FOR GIVING US THE OPPORTUNITY TO SERVE YOU.