

# The Coldwater Animal Hospital

## Client and Patient Information Sheet

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Welcome to the Coldwater Animal Hospital. 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. Check 1 box for primary phone #*

1. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell phone/pager: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  Email Address: \_\_\_\_\_

Please indicate communication preference: Text : opt IN  opt OUT  Email: opt IN  opt OUT

### **PAYMENT POLICIES**

- I understand that if I cancel an appointment with less than 24 hours notice or if I miss a scheduled appointment, I will be charged a fee of \$57 for an office call or equal to 50% of the high end of estimated services for a surgery appointment.
- I understand that I will be charged \$25 for any check returned unpaid.
- I understand that full payment is expected at the time of service. There is a \$5 for any balance unpaid at the time of visit and unpaid charges will incur interest (1.33% monthly) and billing charges (\$2 per statement) until paid in full.
- I agree to pay all fees associated with the collection process if my account is sent to a collection agency including: collection agency fees (at a maximum of 33.33% of the debt) of the debt and costs & expenses including reasonable attorney fees incurred by collection efforts.

*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 the Coldwater Animal Hospital, I am contracting to pay the full price of the service/item, less any discount extended to me by the hospital management.*

Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_

*Continued on back..*

Owner name(s) \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_ Friend/neighbor (Name \_\_\_\_\_) \_\_\_\_\_ Yellow Pages \_\_\_\_\_ Currently/formerly a client \_\_\_\_\_ Driving by  
\_\_\_\_ Web search \_\_\_\_\_ Other: \_\_\_\_\_

**PET INFORMATION**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male Female Spayed or neutered: Yes No

Home Again Microchip number (if applicable): \_\_\_\_\_

• 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 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 Coldwater Animal Hospital. We look forward to helping you keep your pet happy and healthy!*