



Welcome to Animal Sterilization and Immunization Services

Client Information

First name: _____ Last name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home phone (_____) _____ Work phone: (_____) _____ Cell: (_____) _____
 Emergency Contact Name: _____ Emergency Phone Number (_____) _____
 E-mail address: _____ Driver's License # _____ Exp. Date: _____

How did you become aware of our hospital?

- Referred by friend. Referred by Veterinarian. Whom may we thank? _____
 Internet _____ Previous Client Website Facebook Yellow pages Newspaper Flyers
 Walk-in Other: _____

Pet Information

Pet's name: _____ Sex: Male Female Neutered or spayed? Yes No
 Species: Dog Cat Bird Ferret Rabbit Other _____ Insurance? Yes No
 Pet's Date of Birth (Month/Day/Year) ____/____/____ Breed: _____ Color: _____
 Microchip # _____ Reason for bringing pet in: _____
 Does your pet have any allergies, special medications, or health problems we should know about? Yes No
 If yes, what? _____
 What type of food does your pet eat? _____ Treats? _____

Dates of last vaccinations:

Dogs: DA2PP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____ Bordetella: _____
 Heartworm test: _____ Is your dog on heartworm preventives? Yes No
Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____ Feline leukemia: _____
 Where were the most recent vaccinations given? _____
 Who is your previous veterinarian? _____ Phone (____) _____

Authorization

Our intention is to provide you with a written estimate of fees required for vaccines, emergency care, in-clinic treatment, surgery, and/or hospitalization. Hospital accounts must be kept current throughout the period of hospitalization. It is your responsibility to make sure you are aware of the costs involved with your pet's treatment.

Policy concerning unpaid bills/abandoned pets: If you do not pick up your pet within three (3) days of its release date, your pet will be considered abandoned. Your total bill (treatment and hospitalization charges for the three (3) additional day, attorney fees, court costs, and collection fees (40-50% of the bill) will be turned over to a national collection agency and reported to credit bureaus to be placed on your credit record.

Desired form of payment: (We **DO NOT** carry open accounts and hope these alternatives are convenient for you). WE ACCEPT: CASH, DEBIT, VISA, DISCOVER, MASTERCARDS and AMEX. We also accept CARE CREDIT. NO PERSONAL OR BUSINESS CHECK. which is our billing service. You must be or get approved by Care Credit in order to use this service. Furthermore, we friendly work with the majorities of pet insurances, discount plans and payment plans such as, Trupanion, PetAssure, Scratpay, etc. Please ask the receptionist for more details.

I have read the above policies and hereby authorize Animal Sterilization and Immunization Services to examine, prescribe for, or treat the above described pet. I also understand that medical results can not be guaranteed. I assume the total financial responsibility for all charges incurred in the care of the animal and agree to pay all costs of collection, reasonable attorney fees, and court costs in the event of non-payment. I also understand that **ALL PROFESSIONAL FEES/CHARGES ARE DUE BEFORE TREATMENT IS RENDERED.**

PLEASE READ OUR POLICIES CAREFULLY BEFORE SIGNING

Signature of client responsible for pet(s) _____ Date: ____/____/____

