

Animal Care of Gloucester  
Client/Patient Information

WELCOME TO OUR OFFICE and thank you for giving us the opportunity to care for your pet! Please help us meet your needs by taking a moment to complete this information sheet as thoroughly as possible.

DATE \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ SPOUSE/OTHER: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMPLOYER'S NAME/ADDRESS \_\_\_\_\_

EMERGENCY CONTACT & PHONE NUMBER \_\_\_\_\_

WHO CAN WE THANK FOR REFERRING YOU TO OUR OFFICE? \_\_\_\_\_

WHO DO YOU HAVE YOUR PET INSURANCE THROUGH? \_\_\_\_\_

HOW WILL YOU BE PAYING TODAY? ( ) CASH ( ) CHECK ( ) MC/VISA ( ) AMX ( ) DISC ( ) CARE CREDIT

**PET INFORMATION**

<u>PETS NAME</u>	<u>SPECIES</u>	<u>DESCRIPTION</u>	<u>BIRTHDAY</u>	<u>SEX</u>	<u>SPAYED/NEUTERED</u>
------------------	----------------	--------------------	-----------------	------------	------------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IS YOUR PET(S) CURRENTLY UP TO DATE ON VACCINATIONS? \_\_ YES \_\_ NO \_\_ UNKNOWN. IF YES, PLEASE PROVIDE THE NAME OF YOUR PREVIOUS VET CLINIC. \_\_\_\_\_

BY SIGNING, I VERIFY THAT I AM 18 YEARS OR OLDER AND ACCEPT FULL FINANCIAL RESPONSIBILITY FOR SERVICES RENDERED FOR THE ABOVE MENTIONED ANIMAL(S). \_\_\_\_\_

WE WILL GLADLY PREPARE AN ESTIMATE IF YOU DESIRE, PLEASE ASK THE RECEPTIONIST OR DOCTOR FOR THAT. FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. WE DO NOT HAVE A BILLING PLAN OPTION. COLLECTION SERVICES/ATTORNEY FEES WILL BE LEVIED ON ALL UNPAID BALANCES, WITH A BILLING CHARGE OF 18% PER ANNUM (MINIMUM \$6.00 PER MONTH).

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS **MUST** BE CURRENT ON **ALL** VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE DOCTOR TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED TO MY PET.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES.

SIGNATURE: \_\_\_\_\_