

EASTON COMMONS ANIMAL HOSPITAL

CLIENT # _____

PATIENT# _____

Client Information:

(You)

Client Name: _____ Co-Client Name: _____

Home Address: _____ City/State/Zip: _____

Please include apt # if needed _____

Cell Phone: _____ Co-client Cell Phone: _____

Primary Email Address: _____

Client Employer: _____ Co-client Employer: _____

Work Phone: _____ Co-client Work Phone: _____

Alternate/Emergency person to contact (if needed): _____ Phone: _____

If children live in the household, please list names and ages: _____

How did you hear about us? _____

Patient Information:

(Your Pet)

Patient Name: _____ Species: Dog Cat Breed: _____ Color: _____

D.O.B or AGE: _____ Sex: Female Male **Is your pet spayed/neutered?** Yes No Date: _____

How long have you owned this pet? _____ **What brand of food do you offer your pet?** _____

Is your pet on Heartworm Prevention? Yes No Please list product: _____ Date Last Given: _____

Is your pet on Flea Prevention? Yes No Please list product: _____ Date Last Given: _____

Previous Animal Hospital: _____ Can we call this facility for records? Yes No

Please list any vaccine reactions, drug allergies, medical problems, current medications or behavior problems that we should know about: _____

Does your pet have a microchip? Yes No MC#: _____

Payment Information

Payment is due as services are rendered. In some cases a deposit may be required in advance. You may pay by cash, personal check (with proper identification), via CareCredit, Visa, Master Card, American Express, or Discover. There will be a \$25.00 service charge on all returned checks. **In order to avoid misunderstanding, we urge that all fees be discussed before services are performed.**

Signature of Responsible Party (YOU)

Today's Date

Please review and check boxes below :

- I would like to receive my pet's health care reminders & have Newsletters sent to my email address listed above.
Approve Declined: Date & Initial, if declined _____
- I agree and grant Easton Commons Animal Hospital permission to take photographs/videos of me and/or my pet and to copyright, use and publish the same in print and/or electronically, with or without my name/pets name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and Web content.
Approve Declined: Date & Initial, if declined _____