



Client And Patient Information

Client Information

Date: _____

Owner Name: _____ Spouse's Name: _____

Address: _____

City: _____ Zip: _____

Phone #1: _____ Phone #2: _____

Email: _____

If necessary, can we call you at work?

Place of Employment: _____ Work Phone: _____

Spouse Place of Employment: _____ Work Phone: _____

Patient Information

Type of Pet

| | |
|------------------------------|------------------------------|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Cat |
|------------------------------|------------------------------|

Sex

| | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

Spayed/Neutered

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Pet's Name: _____ Date of Birth: _____

Breed: _____ Color: _____

What prior illnesses or surgeries should we know about? _____

Does your pet have any allergies? _____

Is your pet currently on an medication? _____

What is your pet's current diet? _____

Vaccination History (dates last given)

Rabies: _____ Dog Distemper/Parvo: _____ Dog Bordatella: _____

Cat Distemper: _____ Cat Leukemia: _____

Do we have permission to request a copy of your pet's records? Yes No

Previous Hospital: _____

How did you hear about us?

Website Pet Store/Kennel Hospital Sign Personal Recommendation Other: _____



Financial Statement

It is our policy to provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required. Our payment policy requires all professional fees to be paid at the time services are rendered. We do not carry open accounts and hope that our alternatives are convenient for you.

We are dedicated to providing the best possible service to you and regard your understanding of your financial responsibilities as an essential element of your pet's care and treatment. Kyle Veterinary Hospital accepts Visa and MasterCard for your convenience as well as cash and checks.

All payments are due in full at the time of service.

A \$38.00 fee will be assessed for checks returned for non-sufficient funds. Any balance 90 days past due will be sent to collection and you will be responsible for any fee our office incurs through the process utilized to collect the outstanding delinquent balance. We are doing everything possible to hold down the cost of medical care for your pet and thank you in advance for doing your part.

I have read and understand Kyle Veterinary Hospital's Financial Policy

Owner Print Name: _____

Owner Signature: _____

Date: _____

Thank you for bringing your pet to Kyle Veterinary Hospital. We hope you are pleased with our services and facilities and would appreciate you letting us know how we may better serve you.