



CLIENT INFORMATION FORM
Thank You for choosing Pasco Animal Hospital.
We look forward to providing you with quality care.

Name: _____ List other people allowed to initiate treatment: _____

Street Address: _____ APT# _____

City/State: _____ Zip: _____

Home () _____ Work () _____ Cell () _____

Please check which number you want as your primary contact number

Email Address: _____

How did you hear about us? (Check one)

Drive by/Sign Website Facebook Commercial Client (Name of Client) _____

PETS INFORMATION

Name: _____ Sex: F / M Spayed/Neutered Y N

Date of Birth: _____ Or estimated age: _____ Dog Cat Other Breed: _____

Color: _____ Is your pet microchipped? Y N Microchip Number: _____

DOES YOUR PET REQUIRE A MUZZLE? Y N

Does your pet have any allergies to any medications or food? _____

What medications is your pet currently taking? _____

Is your pet currently taking a flea preventative? _____

Is your pet Currently taking a heartworm preventative? _____

Previous Vet: _____ Phone # _____ May we request records? Y N

Any history of vaccine reactions? Y N

Please fill in the dates when vaccines were RECEIVED

CANINE: Rabies _____
Distemper _____
Bordetella _____
Fecal Test _____
Heartworm Test _____

FELINE: Rabies _____
Distemper _____
Leukemia _____
Fecal test _____
FeLV/FIV Test POS Negative

PLEASE ASK FOR AN ADDITIONAL SHEET IF YOU HAVE MORE PETS YOU WOULD LIKE TO REGISTER

Financial Policies

Pasco Animal Hospital follows the Federal Trade Commission (FTC) rules. Therefore we do not store in any way credit card numbers, Photo ID's, or any other form of payment for future use.

If finances are a concern we encourage you to request a treatment plan detailing the services the Doctor would like to perform, prior to any care being provided. We do expect payment in full when treatment is performed or when your pet is released from the hospital.

For some treatments or hospitalized care, a deposit of \$200.00 may be required. Treatment plans requiring comprehensive care of \$400.00 or more, will require a 50% deposit to begin your pets treatment. If you have questions, please do not hesitate to ask.

Acceptable means of payment include:

- a. Cash
- b. Visa or Mastercard
- c. American Express or Discover
- d. CareCredit Financial Services- Ask your client services representative for more information. This convenient monthly payment plan allows you to begin treatment, but pay over six months. CareCredit is subject to credit approval.

WE DO NOT ACCEPT CHECKS

Facebook Agreement:

By signing this form I consent to and authorize the use of photographs and/or audiovisual materials for use in publicity material, whether print or electronic format, ie Facebook"

"NO SHOW" Policy:

We understand that changes in schedules may arise however, if you are unable to make your appointment or need to reschedule we do require a call. By doing so you are making room for our other clients that require appointments. If we do not receive a call informing us that you will not be coming in for your scheduled appointment additional costs will incur as follow:

1st "No Show": You will receive a warning letter informing you of our "no show policy"

2nd "No Show": You will receive a letter stating that in the future if you wish to make an appointment with our office you must place a non-refundable deposit for the minimum office visit with exam and consultation fee (currently \$54) at the time you schedule an appointment. This amount will be used as a deposit to hold the appointment time for you. When the appointment is kept, the deposit credit will be applied to your invoice. However in the event a missed appointment occurs, the non-refundable deposit will be retained as payment to our office for the failure to show.

For clients with pet insurance, we are happy to submit a Claim to your insurance carrier. We agree to submit your insurance forms within 48 hours of receiving them.

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owners Name (Please Print)