HALSEY EAST ANIMAL CLINIC

Patient/Client Information

Date:_______________

Owner's Name:______________________ **Spouse's Name:**______________________

Address:_________________________________ **City:**_________________________

State:_______________ **Zip Code:**__________________

Home #:___________________________ **Cell Phone:**__________________________

Employer:_________________________ **Work Phone:**_________________________

Spouse's Employer:__________________ **Work Phone:**_________________________

Driver's License#:___________________ **May we contact you at work? YES NO**

May we contact your spouse at work? YES NO

Email:______________________________________

Would you prefer reminders by: EMAIL ( ) REGULAR MAIL ( )

How did you hear about us:? ( ) Individual: Someone we may thank? ___________

( ) Yellow Pages ( ) Sign ( ) Other:_________________________________

Pet's Name	Species Dog/Cat/Other	Breed/Color	Spayed/Neuter	Birth Date
			Male Female Neutered Spayed	
Medical History:				
			Male Female Neutered Spayed	
Medical History:				
			Male Female Neutered Spayed	
Medical History:				

(PLEASE SEE REVERSE SIDE)

WE WILL GLADLY PREPARE AN ESTIMATE IF YOU DESIRE. WE DO REQUIRE THAT HALF OF THE ESTIMATE IS PUT DOWN PRIOR TO MEDICAL SERVICES. PLEASE ASK THE DOCTOR OR RECEPTIONIST. **ALL FEES FOR SERVICES ARE DUE AT THE TIME OF SERVICE. ANY UNPAID BALANCE'S WILL BE CHARGED A MONTHLY INTEREST RATE OF 1.5% AND A MONTHLY STATEMENT PROCESSING FEE OF $3.00.** WE ACCEPT CASH, CHECKS WITH A VALID DRIVER'S LICENSE, VISA, MASTERCARD, DISCOVER, VISA/MASTERCARD DEBIT CARDS AND CARE CREDIT (MEDICAL BILLING PLAN).

TO HELP PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ALL HOSPITALIZED, GROOMING AND BOARDING PETS MUST BE CURRENT ON VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES.

I AUTHORIZE THE DOCTOR TO PROVIDE VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET WHILE HOSPITALIZED, GROOMED OR BOARDED AT HALSEY EAST ANIMAL CLINIC.

I ACKNOWLEDGE THE ABOVE STATEMENTS:

SIGNED:________________________________ DATE:_______________________