

Animal Hospital of Ivy Square

Client Information Sheet

Thank you for giving us this opportunity to care for your pet.

Primary Owner Last Name _____ First Name _____
Spouse/Other co-owner Last Name _____ First Name _____
Date of Birth (for controlled substances) _____
Driver's License # _____ State _____
Address _____
City _____ State _____ Zip _____
Primary cell phone _____ Home Telephone _____
Secondary cell phone _____ Other contacts? _____
Employer for Primary owner _____ Business Telephone _____
Employer for Secondary owner _____ Business Telephone _____
Emergency Contact _____
Emergency Contact Telephone _____

E-Mail Address

E-mail address is used for medical reminders, public health alerts, and pet health news.
(Initial if declined: _____)

How did you hear about our practice? (Whom can we thank?)

Do we have permission to use pet photos for social media. (names will not be used) Yes _____ No _____

I am the owner of the animal(s) named on the following page(s) or am responsible for him/her/them and have authorization to execute this consent. I hereby authorize the diagnosis and treatment of this (these) animal(s) and the performance of such surgical or therapeutic procedures determined to be indicated and the use of drugs/anesthetics/devices deemed advisable by the veterinary staff.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all core vaccines and free from internal and external parasites. In the event that I cannot provide written proof of such vaccines and tests, I authorize the doctor to provide vaccines and parasitic control as needed for my pet.

Payment

We will gladly prepare a written estimate of service fees before services are performed if you desire.

All professional fees are due at the time services are rendered. We accept VISA, MasterCard, Discover, Care Credit, checks, and cash. There will be a \$35 charge for any returned check. If collection services are needed, you will be responsible for the unpaid balance and additional service charges, plus an additional 25% in fees. Unpaid balances are subject to a \$3.00 billing fee plus 1.5% of the unpaid balance per month.

Owner Signature: _____ Date: _____

Patient Information Sheet

Name: _____ Dog _____ Cat _____ Other: _____
Spayed: _____ Neutered: _____ Male: _____ Female: _____
DOB or Age: _____ Microchipped? _____
Breed: _____ Color: _____
Where did you obtain your pet? _____ When? _____
Name of Previous Veterinarian (s): _____
Did you bring previous medical records today or do you have access to them? _____
Previous Medical conditions: _____
Is your pet on any medications or special diet? _____
Any known allergies or reactions to vaccinations or medications in the past? _____
General demeanor at veterinary appointments: _____

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Disclosure Agreement

The Animal Hospital of Ivy Square is staffed Monday thru Friday from 8 am to 6 pm. We are able to provide patient care and monitoring during these hours. There is no continuous patient care after hours, overnights and on weekends. Any patients or boarders will be checked on and cared for (fed, watered, medicated, etc) twice daily as needed.

Patient Name: _____

Owner Name: _____

Signature: _____

Date: _____