

WELCOME

**NEW PATIENT FORM- MUST BE FILLED OUT COMPLETELY.
PAYMENT IS EXPECTED AT TIME OF SERVICES**

*Thank you for giving us the opportunity to care for your pet! So that we may become better acquainted, please complete the following:
MUST BE EIGHTEEN YEARS OR OLDER!!!!*

OFFICE USE ONLY:

CLIENT #: _____

E. FILE: _____

Today's Date _____

Last Name _____ First Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Spouse _____ Fax _____ Cell Phone _____

Place of Employment _____ County of Residence _____

How did you become aware of our hospital? ___ Drove By ___ Yellow Pages ___ Client

If you had a personal recommendation, whom may we thank? _____

E-Mail Address _____ Preferred Doctor _____

Social Security No _____ Social Security No _____

Date of Birth _____ Date of Birth _____

Drivers License # _____ Drivers License # _____

PET INFORMATION

Pet Name _____ Sex _____ Spayed or Neutered _____

Date of Birth _____ Age _____ Rabies # _____

Breed _____ Micro-chip# _____

Color _____ Weight _____ Species _____ Allergies _____

Vaccination History

Enter dates of last vaccine: NAME OF PRIOR VET: _____ PHONE#/FAX# _____

Dog

Rabies _____
DA2PP _____
Lyme _____
Bordetella _____
Heartworm test _____

Cat

Rabies _____
FVRCP _____
Feline Leukemia _____
Feluk/Fiv Test _____
FIP _____

Form of Payment Today: ___ Cash ___ Check ___ Credit/Debit Card

By signing this agreement I agree to pay for all fees at the time services are rendered. There is a \$30.00 Service Charge for all returned checks. Any account that is 30 or more days past due may be sent to collections. If a default of this agreement occurs and/or in the attempt to collect money owed to Pacific Animal Hospital, I may also incur additional fees on my account that may include service charges, collection fees, attorney fees, court costs, interest, and any other charges associated with collecting money owed on my account. **I have read the above and agree to the terms and conditions set forth herein.**

SIGNATURE (REQUIRED): _____