

Crossroad Animal Hospital

Client Information

Owner name _____ Date _____

Owner title (please circle) Mr. Mrs. Miss Ms. Dr. Other _____

Spouse/Co-Owner _____

Street Address _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

Referred by (*whom may we thank?*) _____

Yellow Pages ____, Sign ____, Internet ____, Humane Soc. ____, Pet Store ____, Other ____

Employer : _____

Email: _____

(for appointment reminders, important information and updates)

Patient Information

Pet name _____

Date of Birth or Age – please specify years/months/weeks _____

Species: Dog Cat

Breed _____

Color _____

Sex: Male Neutered? _____ Female Spayed? _____

Previous veterinarian for vaccination history and dates _____

Please list medications your pet is taking and any known drug allergies _____

Payment policy: All fees and charges are due and payable upon release of patient unless prior arrangements have been made. Any balance forward is subject to finance charges. Today I plan to pay by (please circle one):

Cash Check Debit MasterCard Visa Discover AmEx

Payment agreement: I am the owner or agent for the owner of the above described animal and have the authority to execute treatment agreed upon by myself and the attending veterinarian. As the owner or agent for the owner, I understand it is my responsibility to remit payment for treatments performed.

Signed _____