Hinkle's Pet Hospital

PATIENT & CLIENT INFORMATION FORM

Thank you for giving us the opportunity to care for your pet. You and your pet are our highest priority. We value your devotion to their health and well-being.

In order that we may better serve you, please complete the following:

Your Name: _____

Spouse/Other Caregiver : _____

Full Address (Street, Apt#, City, State, Zip Code): _____

Primary Phone#: _____ (Cell, Home, Work?) Second Phone#:_____ (Cell, Home, Work?)

Spouse Primary Phone# _____ (Cell, Home, Work?) Spouse Second Phone#_____ (Cell, Home, Work?)

Occupation _____ Employer _____ OK to call at work? _____

Email Address: _____ Spouse Email Address: _____
(This is so you can receive copies of your pet's lab work, report cards, reminders, and occasional informational emails.)

Pet's Name _____ Breed _____

Male / Female Neutered / Spayed _____ Birth Date or Approx. Age _____

Color _____ Does your pet take any medications? _____

Name/Phone of last Veterinarian _____

_____ I authorize Hinkle's Pet Hospital to request previous medical care records from any/all previous providers.
(initial)

Reason for leaving your last veterinarian

_____

How did you hear about Hinkle's Pet Hospital?

_____

Sign / Drive by _____ Web Site _____ Yellow Pages _____ Recommendation _____

Who may we thank? _____

PAYMENT

We will gladly prepare a written estimate of service fees if you desire (please ask our receptionist or technician). All professional fees are due at the time services are rendered.
In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept all major credit cards or offer third-party financing through the
care credit or ScratchPay (acceptance is based on credit approval). There will be a $32.00 service charge for any check returned unpaid.

There will be a monthly finance charge of 1.5% on any unpaid balance still due after thirty (30) days. Also, the client agrees to pay all reasonable attorney's fee in the event
counsel is necessarily retained to institute collection proceedings on behalf of Hinkle's.

To prevent the spread of infectious diseases, all hospitalized animals are required to be current on all vaccines and free from internal and external parasites. Your signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Client Signature _____

Date: _____

Drivers License Number:_____