www.waucondaah.com

New Client Patient Information Form

PET-OWNER INFORMATION:

Primary Contact: Ms Mrs Mr Dr First Name: ________________________ Last Name: _________________________

Second Contact: Ms Mrs Mr Dr First Name: ________________________ Last Name: __________________________

Primary Contact Street Address: ____ Apt # __________

City:______________________County:_______________________ State: _________ Zip Code: __________________

Being able to reach pet-owners quickly is important and often difficult; please provide the following contact information

What is the best number where we could reach you quickly:

What is best number? _______________________________________ Cell? Home? Work? Who? ___________________

What is a second best number? ________________________________ Cell? Home? Work? Who? __________________

Email (Please print clearly): ____
[We do not market any products by email; we may send reminders by email or important info related to health, hospital staff changes, etc]

I found out about your Hospital from: friend/client ____________________________ Internet: __________________

Website Signage Drive by Other ____________________

PATIENT INFORMATION:

Name: ____ Feline Canine

Breed: ____ Female Male Spayed/Neutered?

Date of Birth is known:________ / _______ / _______ Estimated as: ________ / ________ / ________ Unknown

Patient Color & Markings: ____

Does your Pet have a microchip? YES NO Microchip number _______________________________________

Do you have Pet Health Insurance? YES NO Name of Insurance Company? ___________________________

FINANCIAL POLICY SUMMARY: **We do not bill for services.** Payment is due in full at the time that services are performed.
We accept CASH, CHECK, VISA, MASTERCARD, DISCOVER, AMEX and CARECRDIT payments.
There is a $35 fee on returned checks. We promote the use of Pet Health Insurance and are happy to keep, file, prepare, and send pre-signed claim forms in order to expedite your prompt reimbursement. Any information that we collect is private and for our use only.
We do not extend credit. All open invoices are sent to collection after 30 days.

I have read, understand, and agree to the
Financial Policy.

Signature: ____
Date