



The Standard of Veterinary Excellence

# Sanatoga Animal Hospital, LLC Patient/Client Information



Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete **both** sides of this information sheet.

Date \_\_\_\_\_

Owner's (must be 18 or more) Name Last \_\_\_\_\_ MI \_\_\_\_ First \_\_\_\_\_

Spouse/Other \_\_\_\_\_

Children (first name & ages) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse/Other Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

At what time \_\_\_\_\_ and at what phone # \_\_\_\_\_ is best to call about your pet?

In case of EMERGENCY, please call \_\_\_\_\_ at phone # \_\_\_\_\_

How did you hear of our hospital?  Friend/Neighbor/Family: Name please \_\_\_\_\_

Verizon Phone Book  Yellow Book  Newspaper  Other  Hospital Sign  AAHA referral

Internet Search  Groomer  Breeder  Pet Store  TV Ad

**TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED PETS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I**

authorize the doctor to provide vaccines and parasite control as needed for my pet. In compliance with state and risk management guidelines, all pharmacy items including drugs, fluid therapy, nutritional products and food products are non-returnable. This policy is to protect your pet from receiving items that may have been tampered with or improperly used. The exception to this policy is pet foods that display manufacturer's warranty.

Our office will remind you of the vaccines due for your pet through mail, phone call or email as a courtesy.

We will gladly prepare a written estimate if you desire. Please ask the receptionist or doctor. **PROFESSIOINAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Late charge applied to all accounts unpaid by the end of the month. Late charge computed by a periodic rate of 1.5 % per month, APR 18%, minimum charge 0.50. A return-check fee of \$30 is added to the account. If the account is sent to an outside collection agency, a surcharge of \$30 will be applied and all collection costs including reasonable attorney fees will be applicable.**

How will you be paying? Debit Card \_\_\_\_ Visa \_\_\_\_ MC \_\_\_\_ Discover \_\_\_\_ Check \_\_\_\_ Cash \_\_\_\_

Social Security # \_\_\_\_ Driver's License # \_\_\_\_ State \_\_\_\_ Exp. \_\_\_\_

The information you provide is used strictly for the hospital use and not provided to any outside agency without your consent. You consent Sanatoga Animal Hospital to use this information for collection of any debt incurred by you.

**X** \_\_\_\_\_ Please Print Name \_\_\_\_\_

**COMMENTS:**

Please complete the other side

# ***ANIMAL MEDICAL HISTORY***

(Please complete all information for each pet)

	PET #1	PET #2	PET #3
<b>Name</b>			
<b>Species (cat, dog, ferret, other)</b>			
<b>Breed</b>			
<b>Description (color/markings)</b>			
<b>Age (years)</b>			
<b>Date of Birth</b>			
<b>Sex</b>			
<b>Length of Time Owned</b>			
<b>Altered or Spayed</b>			
<b>Diet (kind of pet food)</b>			
<b>Flea &amp; Tick Control (Brand)</b>			
<b>Hours Spent Outside Each Day</b>			
<b>Show/Breeding/Family Pet</b>			
<b>VACCINATIONS</b>			
<b>DA2PP (distemper-dog)</b>			
<b>BORDETELLA</b>			
<b>FVRCP (distemper-cat)</b>			
<b>RABIES</b>			
<b>LYME DISEASE</b>			
<b>FELINE LEUKEMIA TEST</b>			
<b>FELINE LEUK. VACCINE</b>			
<b>OTHER VACCINES</b>			
<b>Heartworm Test (date)</b>			
<b>Heartworm Prevention (date)</b>			
<b>Fecal Exam (worms)</b>			
<b>Dentistry</b>			
<b>Prior Illness</b>			
<b>Prior Surgery</b>			

**PET ORIGIN:**     SPCA/Humane Society     Pet Store     Breeding Kennel  
                           Friend/Family                     Stray                     Other(specify)

***SANATGOA ANIMAL HOSPITAL IS AN ACCREDITED HOSPITAL OF THE  
 AMERICAN ANIMAL HOSPITAL ASSOCIATION (AAHA).***