



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

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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. **PROFESSIONAL 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 0.75. 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. I agree to reimburse you, Sanatoga Animal Hospital, the fees of any collection agency, which may be based on a percentage of a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorney fees SAH incurs in such collection effort.

I give you permission to take and use photographs of my pet/s in print of digital media not limited to Facebook.

Preferred Method of Payment: 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 _____

Full Signature

COMMENTS:

Please complete the other side

ANIMAL MEDICAL HISTORY

(Please complete all information for each pet)

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

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).***