

Patient/Client Information Form



**SANATOGA
ANIMAL
HOSPITAL**



Please complete this form in order for us to provide care for your pet. Thank you for choosing Sanatoga Animal Hospital. The information you provide to us is strictly for internal use and for use as proof of ownership for your pet(s).

Date (MM/DD/YYYY): _____

Owner/Financially responsible (must be 18 years or above) Name: Last _____ MI _____ First _____

Co-owner Name: Last _____ First _____ Relation _____

Owner's preferred pronouns _____ Co-owner's preferred pronouns _____

Children/Family Member(s) Authorized to act as agent to owner _____

Home Address _____ City _____ State _____ Zip _____

Owner Cell Phone _____ Co-Owner Cell Phone _____

Home Phone _____ Work Phone _____

At what time _____ and at what phone # _____ is best to call about your pet(s)?

In case of EMERGENCY, please call (name & relation) _____ at phone _____

E-mail Address _____

Employer _____

Work Address _____ City _____ State _____ Zip _____

Co-owner's Employer _____

Address _____ City _____ State _____ Zip _____

How did you hear about our veterinary practice?

- Internet Search
- Friend/Neighbor/Family: Full Name please _____
- AAHA referral
- Current/Former Client: Full Name please _____
- Hospital Sign
- Groomer
- Breeder
- Newspaper / Magazine
- Other: _____

| Pet Name | Feline/ K9 | Male/Female |
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I understand that in order to prevent the spread of infectious diseases and parasites, all hospitalized and boarded patients must be current on physical exam, vaccines, lab tests, and be determined free of all internal & external parasites. I, the above named owner, authorize Sanatoga Animal Hospital, LLC, to provide vaccines and parasite control as needed for my pet. I understand that in compliance with PA state law and risk management guidelines, all pharmacy items including drugs, fluid therapy, nutritional & food products are non-returnable. I understand that this policy is to protect my pet from receiving items that may have been tampered with or improperly used. I give you permission to take and use photographs of my pet(s) in print or digital media including but not limited to: Facebook, Instagram, Twitter, and sanatogavet.com. I understand that services are provided by appointment only and I acknowledge that missed appointments would accrue fees accordingly. I authorize this office to remind me of the vaccines due for my pet through mail, phone call, text or email, as a courtesy. I understand that I may request a verbal or written estimate from the doctor prior to the administration of all services. I agree to take financial responsibility and to pay in full, at time of visit, for all charges due for services & procedures rendered. I understand that a late charge, at a periodic rate of 1.5 % per month, APR 18%, minimum charge \$1.00, is applied to all accounts unpaid by the end of the calendar month. I understand that in the occasion of a return check, a fee of \$35 would be added to my account. I acknowledge that if my account is sent to an outside collection agency, a surcharge of \$30 will be applied to my account. I agree to reimburse you, Sanatoga Animal Hospital, the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, all costs, and expenses, including reasonable attorney fees SAH may incur in such debt collection efforts.

Social Security # _____

Driver's License ID Number (required for proof of pet ownership)

ID Number: _____ State _____ Exp. _____

X _____ Please Print Name _____
Full Signature