

WELCOME

GROTON CITY ANIMAL HOSPITAL

CLIENT INFORMATION

DATE _____
LAST NAME _____ FIRST NAME _____ SPOUSE _____
BIRTHDATE _____ SOCIAL SECURITY # _____
ADDRESS _____ PO Box _____
CITY: _____ STATE _____ ZIP _____
PREFER US TO CALL ON ☐ HOME PH # (____) _____ ☐ CELL PH # (____) _____
EMPLOYER _____ WORK PH # (____) _____
May we call you at work ☐ yes ☐ no
WHO ELSE MAY BRING PET(s) IN _____
NUMBER OF PETS IN HOUSEHOLD _____
EMAIL _____ REMINDERS VIA: ☐ EMAIL ☐ POSTCARD
Would you like to receive email/text confirmation of appointments: ☐ Yes ☐ No
DRIVER'S LICENSE/PHOTO ID – WE NEED TO COPY FOR OUR RECORDS _____
REFERRED BY _____

Authorization I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume responsibility for all charges incurred in the care of my pet(s). I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. Payment can be made by cash, first party check, visa, master card and Care Credit. I understand in the event that services are not paid for at the time services are rendered I will be charged a monthly service charge. This will be a minimum fee of \$3.00, or 1.5% of the total balance due, whichever is greater, with an annual rate of 18%.

I, the undersigned grant Groton City Animal Hospital permission to use, reuse, publish, and broadcast in any and all media my pet(s) and the photographs or video footage taken of my pet(s) or me in which we may be included with others. I release the above referenced entity from any demands arising out of the use of photographs, video, and auto material including and without limitation, all claims for libel or invasion of privacy. I am of full age and contract in my own name.

- ☐ I allow to have pictures or video of my pet(s), myself or representative used _____ initial
☐ I decline to have pictures or video of my pet(s), myself or representative used _____ initial

Signature of client responsible for pet(s) _____ DATE _____

Over for patient information

PET INFORMATION

PET'S NAME _____ ☐ DOG ☐ CAT OTHER _____
BIRTHDATE _____ AGE _____ BREED _____ COLOR _____
☐ MALE ☐ NEUTERED ☐ FEMALE ☐ SPAYED SURGERY AT WHAT AGE _____
WHAT AGE WAS PET WHEN OBTAINED _____ WHERE WAS PET OBTAINED _____
REASON FOR GETTING PET _____
BRAND/TYPE OF PET FOOD _____
CURRENT MEDICATIONS PET IS ON _____
PRIOR VACCINES(WILL NEED PROOF) _____
PRIOR SURGERY _____
PRIOR ILLNESS _____

Please list any symptoms or problems you have noticed with your pet:

___ APPETITE CHANGE	___ GAGGING	___ SNEEZING
___ BEHAVIOR CHANGE	___ GUMS BLEEDING	___ THIRST
___ BREATHING ISSUES	___ LIMPING	___ URINATION CHANGE
___ COUGHING	___ LOSS OF BALANCE	___ VOMITING
___ DEPRESSION	___ SCOOTING	___ WEAKNESS/LETHARGIC
___ DIARRHEA	___ SCRATCHING	OTHER _____
___ EYE DISORDERS	___ SHAKING HEAD	OTHER _____

Other Pets currently in household:

Name	Dog/cat/other	Breed	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONFIDENTIAL