

ELIZABETH ANIMAL HOSPITAL



WELCOME TO OUR PRACTICE!!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we need as we support your pet's needs today and in the future. Please print in all spaces.

Owner Information (Please print):

 First Name Middle Initial Last Name Spouse's Full Name

 Mailing Address City State/Zip Street Address if different than Mailing Address

 Home Phone Number Cell Phone Number Driver's License Number & State - required to write checks

 Name of your employer Your Work Phone Number

 Name of your spouse's employer Your Spouse's Work Phone Number

 E-Mail Address

Would you like to receive communications through text messages Yes No

We will gladly prepare a written estimate if you desire (please ask our doctor). This will be important to you since **all professional fees are due at the time services are rendered.** In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover and American Express. We also provide Care Credit client payment plans. There will be a \$15.00 service charge for any check returned unpaid. There will be a \$30.00 collection fee for any account turned over for collection.

To prevent the spread of infectious diseases, all hospitalized and special observation patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of Responsible Agent for Pet(s) _____ Date _____

Please provide referral information. ***We would like to thank anyone who referred you to us (Mark with an X):***

- Name of person or business that referred you to us: _____
 Yellow Pages (9800) Regular Veterinarian not available (9803) Internet/Website(9806
 Drive-By (9801) Newspaper/Flyer (9804) Other (9807) please describe
 PCAC (9802) Denver DFL/Humane Society (9805) Rabies Clinic (9808)

Essential Pet Information:

Pets' Name (s)	Color	Birth Date	Check Box				Breed	Sex	Spayed/ Neutered?	Date last vaccines Given: Month/Year
			Cat	Dog	Camelid	Other				
								Male/ Female	Yes/ No	
								Male/ Female	Yes/ No	
								Male/ Female	Yes/ No	
								Male/ Female	Yes/ No	

Your pets are important members of your family and ours!

____ New Client Card