

Welcome! Thank you for choosing Animal Care Hospital at Bold Springs to care for your pet. We will strive to treat your pet as one of our own - with utmost care. Please fill out this form as completely as possible so that we can begin meeting your pet's needs.

Thank you.



Personal information:

Date: _____

Name: _____ Spouse: _____

Address: _____

City/State/Zip: _____

Best Contact Phone: _____ 2nd Contact Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____

Referred by: sign facebook website friend/relative: _____

Information about your pet:

Name: _____ Birth date (or approximate age): _____

Dog Breed _____

Cat Breed _____

Other Breed _____

Male Female Neutered or Spayed

Description of pet (color/length of hair): _____

Has your pet been vaccinated in the past year?

No

Yes Where _____ When _____

Dog: Rabies DHLPP Bordetella (Kennel Cough) Heartworm Test Fecal Check

Cat: Rabies FVRCP FeLV Fecal Check FeLV/FIV test

Is your pet currently taking any medicine(s)? No Yes _____

Does your pet have any known allergies? No Yes _____

Does your pet have any medical problems? No Yes _____

Do you have other pets at home? Cats Dogs Other: _____

What is the reason for this visit? _____

Our goal at Animal Care Hospital at Bold Springs is to provide top-notch medical care for pets at a reasonable cost. Being able to charge fair and reasonable fees for our services and products depends on clients paying their bills in full at the time of service. We are a small, family-owned and operated business.

We appreciate your understanding our policy that payment is due at the time of service.

If you have any questions regarding this policy, please speak to the receptionist *before* seeing the doctor.

Sign here acknowledging that you understand payment is due in full today _____

We accept payments by cash, checks, credit cards, CareCredit and money orders. CareCredit is a great way to finance medical expenses - you can apply for a card online at www.carecredit.com.