

Date _____

Number _____

CLIENT INFORMATION

East Ridge Animal Hospital
eastridge.ah@gmail.com

Gerald J. Balonek D.V.M.
Dawn Wilkes D.V.M.
Linda Schneider D.V.M

Brenda Lefler D.V.M.
Vanessa Bernhardt D.V.M.
Catrina Turner D.V.M.

**Thank you for giving us the opportunity to care for your pet.
So that we may be better able to meet your needs, please complete the following:**

****Owner must be 18 years or older***

Dr.
Mr.
Mrs. Owner _____ Telephone: Home _____ Work _____
Ms. Address _____ Employment _____
City / State _____ Zip Code _____

* * * * *

All fees are due upon rendering of services. Please indicate your choice of payment method:

Cash Check Visa MasterCard Care Credit

For check I.D. please list driver's license number _____ Birth Date _____

Is there anyone else authorized to drop off, pick up, or make medical decisions including euthanasia for your pet(s)? If so, please list:

Name _____ Initial _____
Name _____ Initial _____
Name _____ Initial _____
Name _____ Initial _____

Patient Name _____ Dog Bird
 Cat Other Breed _____ Color _____

Sex _____ Spayed or Neutered? _____ Birth Date _____

Dog: House Pet Show Hunting Guard Guide

Cat: Indoor Outdoor

Vaccinations Date: _____ Do you own other pets? _____

Dog: Rabies _____ Distemper / Parvo _____ Lyme _____

Cat: Rabies _____ Distemper _____ Feline Leukemia _____

Other _____ Where Given _____

Diet _____ Reason for visit _____

* * * * *

Have you ever been to a Veterinarian before? Yes No If so, where? _____

If so, is there a reason for changing? _____

For the safety of all animals here, it is our policy that all animals must be up to date with their vaccinations in order to be boarded or hospitalized.

* * * * *

AGREEMENT TO PAY FOR SERVICES

In the event that payment is not received as promised and my account is placed for collection, the undersigned agrees to pay in addition to the amount due, **service charges**, in the amount of 1.5% per month (18% per annum), an amount equal to all collection expenses, including reasonable attorney's fees.

Witness _____ Date _____

Applicant's Signature _____ Date _____

Not Valid Unless Approved By Credit Manager / Signature _____

Spouse / Co-Applicant's signature _____