

Acct.# _____ **Welcome to Sanlando Springs Animal Hospital**

Our goal is to provide the highest quality veterinary care to you and your pets. We strive to educate our clients about pet health care and encourage your questions. We ask that you be an integral partner in all decisions made for your pet. Through caring, we endeavor to strengthen the human-animal bond.

Client Information

NAME: _____ SPOUSE/PARTNER NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME: _____ MOBILE: _____ WORK: _____

SPOUSE/PARTNER CONTACT: _____ MOBILE: _____ WORK: _____

EMAIL: _____

****Used for vaccine, medication or appointment reminders only****

Driver's License # _____ State _____ Date of Birth _____

How did you hear about us? Drove by clinic Website Internet Other _____

Referral by a friend _____ May we have their name to thank them? _____

Pet Information:

<u>NAME</u>	<u>BREED/COLOR</u>	<u>BIRTHDATE</u>	<u>SEX</u>	<u>SPAYED/NEUTERED</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Purpose for today's visit: _____

Previous medical conditions: _____

Previous surgeries: _____

Allergies to vaccines or medications: _____

Current diet: _____ Current medications: _____

Previous vet clinic: _____

Additional notes: _____

******ALL INFORMATION IS KEPT CONFIDENTIAL******

For your convenience, payments may be made by Cash, Visa, Master Card, Discover, American Express or Debit Card. We do not accept personal or traveler checks. Payment in full is expected at time of service. If an unpaid balance must be sent for collections, we reserve the right to add collection agency charges and attorney fees over and above the principal amount due. _____ (initial)

CLIENT SIGNATURE: _____ DATE: _____