

Date _____

Patient/Client Information

SATILLA ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for _____ Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____

Spouse/Other: _____

Owner's Social Security Number: _____ Spouse SSN _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____

Cell#: _____ Email: _____

Employer's Name & Address:

Spouse Work Number: _____

Spouse's/Other's Employer Name & Address: _____

At What Time _____ And At What Phone # _____ Is It Best to Call About Your Pet?

In Case of EMERGENCY Call _____ At Phone # _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED, SORRY NO CREDIT.

If you wish to pay by check or credit card, please complete the following. A copy of Driver's License is required.

Driver's License _____

Preferred Method of Payment: ()Cash ()Check ()Credit Card ()Care Credit

Name of Previous/Current Veterinarian: _____

How did you hear of our hospital?

Our Current Reminder System can provide annual reminders, which may be a magazine or a post card.

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.

Continued...

PATIENT INFORMATION

PET'S NAME _____ DOB/AGE _____ M_F_F/S_M/N_ COLOR _____

BREED _____

IS YOUR PET CURRENT ON VACCINES (RABIES, DISTEMPER, HEPATITIS, LEPTO, PARVO, BORD, FELINE DISTEMPER, AND FELINE LEUK) _____?

IF YES, DATE GIVEN _____ BY WHOM _____

IS YOUR PET ON HEARTWORM PREVENTIVE? _____ BRAND _____

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. IF PET IS BOARDING OR HOSPITALIZED ALL VACCINATIONS WILL BE REQUIRED.
Vaccinations can be updated at the time of your appointment if it is not current.

RELEASE FORM

I hereby consent and authorize you, Dr. K.T. Blount, Dr. Hank Wheeler, Dr. Tom Holmes and Dr. Thomas Griner to receive, prescribe for, treat or perform surgery upon _____ and any additional pets I present.

I understand that The Satilla Animal Hospital, Inc. and staff will use all reasonable precautions against injury, escape or destruction of animal(s), but cannot be held liable or responsible in any manner whatsoever as it is understood that I assume all risks.

I understand that no guarantee of outcome of treatment or medication can be made.

Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Due to the Veterinarian Practice Act, Section 19, which states that no licensed Veterinarian shall release clients records unless written authorization is on file by the owner or owners agent we are now requesting your signed consent. Your signature below will cover any future request.

I have read the foregoing and agree.

Owner/Agent's Signature _____

Date _____