



2330 Amherst
Butte, Montana 59701
www.amherstanimalhosp.com



Your pet. Our passion. Their health.

PATIENT AND CLIENT INFORMATION SHEET
Thank you for giving our hospital the opportunity to care for your pet.
Please Print Legibly

CLIENT INFORMATION

Date _____

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Primary Phone: self spouse _____ cell home work Secondary Phone: self spouse _____ cell home work

Additional Phone: self spouse _____ cell home work Additional Phone: self spouse _____ cell home work

Place of Employment _____ Spouse's place of employment _____

Preferred Method of Communication: Phone Email

Email _____ (To participate in our Pet Portal Program)

How did you become aware of our clinic? Internet/Website Facebook Yellow Pages American Animal Hospital Association AAHA

Individual (whom may we thank?) _____ Other _____

| PATIENT INFORMATION | PET #1 | PET #2 | PET #3 |
|-------------------------|-----------|-----------|-----------|
| NAME | | | |
| SPECIES | DOG / CAT | DOG / CAT | DOG / CAT |
| BREED | | | |
| DOB OR AGE | | | |
| COLOR | | | |
| SEX | | | |
| SPAYED OR NEUTERED? | | | |
| LAST VACCINATION DATE | | | |
| DATE OF LAST FECAL TEST | | | |

Any previous serious illnesses or surgeries? _____

Any allergies to vaccinations or medications? No Yes

If yes, please explain

Is your pet on any special diets or medications? No Yes

If yes, please explain

What do you feed your pet?

**We hope you are pleased with our services.
We would appreciate your letting us know how we might improve them.**

Financial Policy

- All services must be paid at the time of service. We accept cash, personal checks, VISA, MasterCard, Discover Card, American Express, debit cards and CareCredit.
 - A minimum of 50% of an estimate is required as a deposit for all major surgery and/or hospitalization at the time of admittance to the clinic.
 - Emergency cases taken in after hours require a minimum of a \$300.00 deposit at the time of admittance to the clinic for intensive therapy to begin.
 - Monthly payments may be made through CareCredit. An application must be completed and approved by the bank prior to your pet's discharge. There is no application fee and no down payment required. There are interest free options available. Contact our client services for more information on CareCredit.
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- I request that Amherst Animal Hospital's doctors and staff perform the services which are necessary for the examination and medical treatment of the animal(s) presented by me. I am the owner or agent for the owner of the described animal(s) and have the authority to execute this consent. I am at least 18 years of age.
- I understand a written estimate will be provided at my request.
- **I assume financial responsibility for all the charges incurred to the patient for services rendered and understand that full payment is required upon discharge.**
- I prefer to pay by:
 Cash Check Credit Card/Debit Card CareCredit

Driver's License # _____ Social Security # _____

Signature of Owner or Responsible Agent

Date