

ANIMAL DIAGNOSTIC CLINIC CLIENT AND PATIENT ADMISSION FORM

CLIENT INFORMATION

Client's Name

Co-Owner

Address

City

State

Zip

Home Phone

Mobile Phone

Mobile Phone (Co-Owner)

Business Phone

Business Phone (Co-Owner)

E-mail Address

E-mail Address (Co-Owner)

Pharmacy Name

Pharmacy Phone

PAYMENT POLICY

The Animal Diagnostic Clinic requires payment in full at the time of discharge. Although we do not provide payment plans, we do offer Care Credit. (Please inquire within)

(Please be aware in cases that require hospital stay, a deposit will be required.) The Animal Diagnostic Clinic accepts Visa, MasterCard, American Express, Discover, and cash. I assume the responsibility for all charges incurred for the treatment of my pet. This information is accurate and true to the best of my knowledge. I understand that I am responsible to pay for services rendered. If payment becomes thirty days past due, finance charges will be applied to your account.

Signature of Owner or Responsible Agent

Print Name

Date (MM/DD/YY)

PET INFORMATION

Pet's Name

Breed

Color

Birthdate

Age

Primary Care Veterinarian

Please place a check next to the information below that applies to your pet

Male Neutered Female Spayed

My pet is current on vaccinations Yes No

My pet has undergone a heartworm check Yes No

My pet is taking heartworm prevention Yes No

List any allergies _____