

# WELCOME TO OUR HOSPITAL

Thank you for giving Bluffs Animal Hospital the opportunity to care for your pet.  
To help us serve you better, please complete the following:

## OWNER INFORMATION

Name \_\_\_\_\_ Spouse \_\_\_\_\_  
last first  
Local Address \_\_\_\_\_  
City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other phone \_\_\_\_\_  
Which phone number is best to reach you? \_\_\_\_\_ Email \_\_\_\_\_  
Employer/Occupation \_\_\_\_\_  
Work or Other Address \_\_\_\_\_  
Have you been here before with other pets? \_\_\_\_\_  
How did you hear about us or who referred you? (So we may thank them) \_\_\_\_\_

For Office Use Only: Name on I.D. _____
Address on I.D. _____
Driver License no. _____ St. _____ Birth Date _____ SSN _____
Race _____ Sex _____ Height _____ Hair _____ Eyes _____ Other I.D. _____
Verified by _____ Date _____

## PET INFORMATION

Pet's Name \_\_\_\_\_ Sex: M or F Neutered or Spayed: Yes No  
Pet Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Pet's Birth Date \_\_\_\_\_ Species: Dog Cat Other \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_  
Microchip or Tattoo I.D. \_\_\_\_\_ Drug reactions, Allergies, or previous medical  
problems \_\_\_\_\_  
Current Medications \_\_\_\_\_

### Date of last Vaccinations

	Mo/Yr		Mo/Yr
<b>DOGS</b>		<b>CATS</b>	
Rabies (RV)	_____	Rabies (RV)	_____
Distemper/Parvo(DAP)	_____	Distemper (FVRCP)	_____
Leptospirosis	_____	Leukemia (Felv)	_____
Bordetella/Parainfluenza (KC)	_____	Felv/FIV test	_____
Heartworm test	_____	Fecal test	_____
Fecal test	_____	Fecal test	_____

All fees are due at the time of treatment. A deposit may be required on pets admitted to the hospital. You must present your FL drivers license to pay by check. Only local checks will be accepted. All returned checks are charged a minimum \$30.00 returned check fee plus all collection costs. All unpaid balances are assessed a monthly finance charge of 1.5% (minimum \$5.00). The owner will be responsible for all collection costs if fees are not paid in full as agreed. I have read and agree to the above:

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_