

ANIMAL HEALTH CENTER OF



PRIMARY PET OWNER

Last Name: _____ First Name: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Preferred Contact Method: (Circle One) HOME PHONE CELL PHONE EMAIL

Employer: _____ Work Phone: _____

IDENTIFYING INFORMATION:

DRIVER'S LICENSE: _____ DOB: ___/___/___

*Driver's license number must be listed before any check payment is accepted.

SECONDARY PET OWNER OR CO-OWNER

Last Name: _____ First Name: _____

Relationship to Primary Owner: (Circle One) SPOUSE RELATIVE OTHER _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT (Alternative to Primary and Secondary Pet Owner):

Name: _____ Relationship: _____ Phone Number: _____

TREATMENT AND SERVICE AGREEMENT: ALL FEES ARE DUE AT THE TIME OF SERVICE

I authorize treatment and/or service for any animal I bring to Animal Health Center (AHC) of Dexter and AGREE TO PAY ALL FEES AND CHARGES for such treatment. All charges will be identified by statement at the time of treatment/ service and are expected to be paid in entirety upon presentation on that date. Specified charges are agreed to be correct and reasonable unless protested by said Pet Owner(s) in writing within 30 days.

I am aware that as a new client I am responsible for paying services for my pet(s) prior to being seen by the doctor at the time of our first visit.

In the event collection or legal action is necessary to collect on an unpaid balance accumulated for medical and/or boarding services, I agree to pay any collection and reasonable attorney fees deemed proper by the court system.

NOTICE: Your signature on this agreement indicates you have read the TREATMENT AND SERVICE AGREEMENT outlined above and agree to noted conditions. You may request a copy of this agreement to insure your understanding of your legal rights.

Signature Responsible Party

date

NEW PET INFORMATION

NAME: _____ DOB or AGE: _____ SEX: Male ___ Female ___
TYPE OF ANIMAL/PET: Dog ___ Cat ___ Other _____
BREED: _____ COLOR: _____
SPAYED/NEUTERED: Yes ___ No ___ DECLAWED: Yes ___ No ___
MICROCHIP: Yes ___ No ___

MEDICAL HISTORY:

ALLERGIES:

CURRENT PRESCRIPTIONS:

VACCINATION HISTORY:

HAS YOUR PET HAD ANY VACCINES WITHIN THE PAST YEAR? YES ___ NO ___

Please note the veterinarian and/or clinic where the vaccination history of your pet can be obtained.

Veterinarian and/or Clinic: _____

Contact Number: _____

*AHC only recognizes vaccines given by a licensed veterinarian. Please direct any questions regarding this policy to one of the clinic's helpful staff members.

NOTE: DEXTER CITY REGULATIONS REQUIRE ALL AGE APPROPRIATE PETS AGE 16 WEEKS AND OLDER REMAIN UP TO DATE ON THEIR YEARLY RABIES VACCINE TO INSURE THE SAFETY OF YOUR PET AS WELL AS OTHERS.

HEARTWORM PREVENTION:

Is your pet currently on a heartworm prevention medication? YES ___ NO ___

If so, please note the product name:

Trifexis ___ Advantage Multi ___ Proheart ___ Sentinel ___ Simparica Trio ___

Other _____

REASON FOR VISIT:

Note any behavioral issues we need to be aware of during your pet's visit such as aggression, biting, and/or anxiety. _____

PLEASE LIST ANY ADDITIONAL PETS THAT WILL BE ASSOCIATED WITH YOUR ACCOUNT.

Name	Type/Breed	Name	Type/Breed	Name	Type/Breed
------	------------	------	------------	------	------------

Would you like any records for these pets to also be requested from a previous clinic? Yes ___ No ___