

PATIENT and CLIENT INFORMATION SHEET

Golden Animal Hospital

6353 Atlanta Hwy. // Montgomery, AL 36117 // Phone 334-279-7387

Thank you for giving *Golden Animal Hospital* the opportunity to care for your pet

WE CAN NO LONGER BILL!

In order to extend credit, a copy of a Credit card and signature must be on file.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

(Mr.) (Mrs.)

(Dr.) (Ms.)

Driver's License #: _____ **Social Security #:** _____

**Photocopy of Driver's License will be required.*

Address: _____ **Home Phone:** _____

City: _____ **State:** _____ **Zip:** _____

Place of Employment: _____ **Phone:** _____

If necessary, may we call you at work? [] Yes [] No **Time at home?** _____

Spouse's Name: _____

Driver's License #: _____ **Social Security #:** _____

Spouse's Employer: _____ **Phone #:** _____

If necessary, may we call your spouse at work? [] Yes [] No

How did you become aware of our Hospital?

[] Yellow Pages [] Hospital Sign [] Web Site [] Other

[] Personal Recommendation — **Whom may we thank?** _____

BILLING CHARGES: There is a \$7.50 billing charge plus a 1.5% per month applied to all accounts unpaid after 15 days. I will be held responsible for my pets' medical charges and any collection fees or attorney fees.

Owner's Signature

Today's Date

Spouse's Signature

Today's Date

Please Complete The Following Information:

DOGS	PET # 1	PET # 2	PET # 3
Name			
Breed			
Color			
Date of Birth			
Sex			
Spay or Neutered			
Dates Vaccinated			
DHLP			
Parvovirus			
Rabies			
Bordetella			
Heartworm Test			
Fecal Check?			
Dentistry?			
H.W. Precentative?			
Diet?			

CATS	PET # 1	PET # 1	PET # 1
Name			
Breed			
Color			
Date of Birth			
Sex			
Spay or Neutered			
Bordetella			
FVRCP			
Rabies			
Feleuk Vaccine			
Feleuk Test			
Fecal Test			