

PATIENT/CLIENT INFORMATION SHEET

Thank you for giving KNOWLES ANIMAL CLINICS the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

PET'S NAME: _____ AGE: _____ BREED: _____

COLOR: _____ (Please circle one) SEX: Male / Neutered? Y OR N
Female / Spayed? Y OR N

Is your pet kept inside? _____ outside? _____ both? _____

Do you have other pets? _____

IF YOU HAVE BEEN REFERRED BY YOUR VETERINARIAN FOR A SPECIALIZED SURGICAL OR MEDICAL PROBLEM, PLEASE BE AWARE THAT WE WILL TREAT ONLY YOUR PET'S PRESENT PROBLEM. UNDER NO CONDITIONS WILL WE ACCEPT YOUR PET OR ANY OTHER FAMILY PET FOR UNRELATED PROBLEMS, VACCINES, BOARDING, OR ROUTINE CARE UNLESS REFERRED ONCE AGAIN BY YOUR VETERINARIAN. YOUR COOPERATION IS APPRECIATED.

YOUR SIGNATURE: _____

Which clinic/veterinarian has your pet's records? _____

VACCINATIONS: (please circle one) Current OR Due

If current, when was your pet last vaccinated? _____ For your pet's safety, and the safety of others, we may need to verify his/her vaccines.

Is your pet(s) on heartworm prevention? (please circle one) Y or N TYPE? _____

For your dog's safety we recommend a heartworm test every 6 months or a *minimum* of once a year.

PERSON RESPONSIBLE FOR PET (OWNER): _____
ARE YOU 18 OR OLDER? Y OR N

ADDRESS: _____ **EMAIL ADDRESS:** _____

CITY/STATE: _____, _____ ZIP: _____ HOME PHONE: _____

Where can we reach you during the day? WORK PHONE: _____

CELLULAR OR BEEPER: _____

Place of Employment: _____

EMERGENCY CONTACT (relative or friend): _____

SPOUSE OR OTHER PERSON TO ACT FOR OWNER: _____

Home Phone: _____ Work Phone: _____

PLEASE FILL OUT REVERSE SIDE COMPLETELY

HOW DID YOU FIRST HEAR ABOUT KNOWLES ANIMAL CLINICS?

- a. A Friend? – Whom may we thank?: _____
May we have their address?: _____
- b. Telephone Directory/ Yellow Pages: _____ c. Clinic Sign/Driving By: _____
- d. Internet : _____ e. Other _____

PLEASE READ OUR FINANCIAL POLICY CAREFULLY

Our intention is to provide you with a written estimate of fees required for emergency care, in-clinic treatment, surgery and/or hospitalization. A deposit is required prior to any treatment and for all hospitalized animals. Hospital accounts must be kept current throughout the period of hospitalization. If your pet is admitted through the Emergency Clinic, you will receive an estimate for your emergency clinic costs. These charges are collected by the Emergency Clinic. If additional treatment and hospitalization is necessary, a second estimate will be required and the charges will be collected by the Day Clinic furnishing the follow-up care of your pet. It is ***your responsibility*** to make sure you are aware of the costs involved with treatment.

ALL CHARGES ARE DUE PRIOR TO RELEASE OF YOUR PET

POLICY CONCERNING UNPAID BILLS/ABANDONED PETS:

If you do not pick up your pet within ten (10) days of its release date, your pet will be considered abandoned. Your total bill (treatment charges and hospitalization charges for the ten (10) additional days), attorneys fees and court costs, plus collection fees (40-50% of the bill) will be turned over to a national collection agency and reported to the appropriate credit bureaus to be placed on your credit record.

DESIRED FORM OF PAYMENT (We ***DO NOT*** carry open accounts and hope these alternatives are convenient for you).

WE ACCEPT: Cash, Check (with a drivers lic. or I.D.), Mastercard, Discover, Visa, American Express.

We also except CARE CREDIT, which is our billing service – please ask the receptionist for details. You must get approved by CARE CREDIT in order to use this service.

PLEASE FURNISH THE FOLLOWING INFORMATION (The Driver's License ***will be required*** for identification purposes.):

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

I have read and understand the above policies and request treatment of my pet in accordance with these policies. I understand medical results can not be guaranteed. ***I assume financial responsibility*** for all charges incurred to the patient and agree to pay all costs of collection, reasonable attorney fees and court costs in the event of non-payment. To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on all vaccinations and be free of internal and external parasites. I authorize KNOWLES ANIMAL CLINIC to provide vaccines and parasite control when needed.

DATE: _____ **SIGNATURE:** _____