

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:

PETS NAME: _____ Breed: _____ Color: _____

Age: _____ yrs _____ mnth Sex (circle one): Male / Female / Male Neutered / Female Spayed

Is your pet kept inside, outside, or 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 (circle): 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 on heartworm prevention? Yes or No / If yes, which brand? _____
For your canines 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? Yes / No

Address: _____ APT# _____ City, State, Zip code: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Where can we reach you during the day? _____ Email Address: _____

Spouse or other person to act for owner: _____ Phone: _____

EMERGENCY CONTACT (friend/relative): _____ Phone: _____

HOW DID YOU HEAR ABOUT KNOWLES ANIMAL CLINICS?

A friend? – Whom may we thank?: _____

OR

CHOOSE ONE: Clinic Sign/Drive by Internet/Google Bus Bench Community Activity

PLEASE READ OUR FINANCIAL POLICY CAREFULLY

Our intention is to provide you with a written treatment plan 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 a treatment plan for your emergency clinic costs. The Emergency Clinic collects these charges. If additional treatment and hospitalization is necessary, a second treatment plan 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 got 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 license or I.D.), Mastercard, Discover, Visa, & American Express.

We also accept CARE CREDIT, which is our billing service. Please ask the receptionist for details.

CARE CREDIT must approve you 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 cannot 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 Clinics to provide vaccines and parasite control when needed.

DATE: _____ **SIGNATURE:** _____