



# Shepherd Animal Hospital

## CLIENT INFORMATION

Owner's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact? Home/Cell/Work: \_\_\_\_\_

## PET INFORMATION

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_ Sex: M F Spayed Neutered

Does your pet have previous medical records from another veterinarian? Yes No

Name of Veterinarian or Hospital: \_\_\_\_\_

What medications or supplements is your pet receiving? \_\_\_\_\_

What previous medical conditions does your pet have? \_\_\_\_\_

What flea, tick, or heartworm prevention is your pet receiving? \_\_\_\_\_

Do you use pet insurance? Yes No

## HOW DID YOU HEAR ABOUT US?

Internet Drive by Phone Book Other: \_\_\_\_\_

Personal Referral: Who may we thank: \_\_\_\_\_

## SOCIAL MEDIA

Within the context of promoting our business and pet health, we would like to use images, videos and/or information about your pet. Do you wish your pet to participate on our social media sites? Yes No



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## PAYMENT POLICY

We accept cash, checks (with photo ID), MasterCard/VISA (with photo ID) and CareCredit. Payment is expected when services are rendered. We will gladly prepare you a written estimate of services prior to the treatment of your pet if you desire.

I realize and understand that I am financially responsible for the care and treatment of my pet(s). I further agree that in the case of non-payment, a finance charge or interest fees and collections fees will apply.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_