

Georgetown Veterinary Hospital

Patient / Client Information

Thank you for giving us the opportunity to care for your pet(s). Please help us meet your needs better by taking a moment to complete this information sheet.

OWNER'S NAME:		SPOUSE/OTHER:	
ADDRESS:			
CITY/STATE/ZIP CODE:		EMAIL:	
HOME PHONE: ()	WORK PHONE: ()	CELL/MOBILE: ()	
EMPLOYER'S NAME & ADDRESS:			
SOCIAL SECURITY NUMBER:			
OTHER EMERGENCY CONTACT:		AT: ()	
How did you hear of us?			

Please provide as much of the following information about pet(s) as possible.

PET'S NAME:	AGE/D.O.B.:
SPECIES:	BREED:
SEX:	NEUTERED? YES / NO
COLOR:	
DATE OF LAST VACCINATIONS:	
RABIES:	DISTEMPER:
FELINE LEUKEMIA:	BORDETELLA:
HEARTWORM TEST:	FECAL EXAM:
PAST MEDICAL HISTORY (Drug Allergies, Major Medical Problems or Surgical Procedures):	

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PAYMENT POLICY: Payment is expected at the time of service in the form of cash, check or credit card. In extraordinary circumstances requiring payment plans, outstanding balances on the account will accrue interest every 30 days at the rate of 2% per month, or 24% APR. If payments are not being made in a timely fashion, accounts will be turned over to an outside collection agency. In that event, the undersigned becomes responsible for all costs related to collection, including court costs and attorney fees accrued by Georgetown Veterinary Hospital. I, the undersigned, do understand and comply with the above statement.

SIGNED	DATE
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