

Welcome!

Thank you for making Arroyo Veterinary Hospital the place for all of your pet care needs. So that we may become better acquainted, please complete the following:

Owner(s) _____ Spouse _____

Street Address _____

Mailing address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Ext. _____

Cellular Phone _____ E-mail _____

Place of Employment _____ Social Security # _____

How did you become aware of our hospital? Yellow Pages Sign Personal Referral -

Whom shall we thank? _____

Pet(s) Name: _____ Dog _____ Cat _____

Breed _____ Color _____ Date of Birth ____ / ____ / ____

Sex: M M/NEUT F F/SPAYED Date and kind of last vaccination _____

Is your pet microchipped? Yes No

Is your pet currently on any special medication? Yes No

If yes, what? _____

Has your dog or cat been tested for Heartworms? Yes No

If yes, when? _____

Is your dog or cat currently on heartworm prevention? Yes No

Is your pet on a preventative program for controlling external parasites? Yes No

If yes, what kind? (flea, tick) _____

Any prior illness or injury we should know about? Yes No

If yes, explain _____

ALL FEES ARE DUE UPON RELEASE OF PATIENT.

PLEASE INDICATE CHOICE OF PAYMENT. Check Cash Credit Card Care Credit ATM

Who will be responsible for authorizing procedures and /or paying for services? _____

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I AUTHORIZE THE DOCTOR TO PROVIDE, AT MY EXPENSE, VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET. I HAVE READ AND UNDERSTAND THE ABOVE REGARDING FEES, PAYMENT AND AUTHORIZATION. ANY UNPAID BALANCE WILL BE CHARGED A 2.08% PER MONTH SERVICE CHARGE WITH A MINIMUM MONTHLY CHARGE OF \$3.00 WITH A 30 DAY GRACE PERIOD.

Signature _____ Date _____