

Client and Patient Information Form

Welcome and thank you for giving Shiloh Veterinary Hospital the opportunity to care for your pets. To insure that we have up to date information on you and your pets, we ask that you answer this questionnaire. If there are no changes in this information please proceed to page 2.

We will be happy to answer any questions you have about these forms.
Thank you.

CLIENT INFORMATION:

All information is for use of Shiloh Veterinary Hospital only.

Dr. Mr. Mrs. Ms. Name _____

Address _____ City _____

State ____ Zip _____ Home telephone # _____

Work # _____ Cell# _____

E-Mail _____ Drivers license # _____

** Email will only be used to update you on hospital information and access to our website.*

Spouse name _____

PATIENT INFORMATION:

Pet's name _____ Date of birth _____ Sex _____

Species _____ Breed _____ Color _____

Male ____ Male Neutered ____ Female ____ Female spayed ____

Pet's name _____ Date of birth _____ Sex _____

Species _____ Breed _____ Color _____

Male ____ Male Neutered ____ Female ____ Female spayed ____

Pet's name _____ Date of birth _____ Sex _____

Species _____ Breed _____ Color _____

Male ____ Male Neutered ____ Female ____ Female spayed

PAYMENT POLICY:

Full payment is required upon rendering services. Deposits will be required on major medical/Surgical cases, trauma cases and emergency where hospitalization is needed.

Please indicate your choice of payment method: Cash Check Credit card
Care credit

The undersigned acknowledges receiving services and certifies that I will take financial responsibility. In the event that payment is not received and my account is placed for collection, the undersigned agrees to pay in addition to the amount due, services charges and the amount equal to all collection expenses.

NOTE: A \$20.00 charge will be assessed for all returned checks.

We will gladly prepare a written estimate for any service upon your request.
We do not carry open accounts and hope that the above alternatives are convenient for you.

AUTHORIZATION:

I/we assume responsibility for all charges incurred in the care of my pet(s). In the event that payment is not received in full, and the account is placed in collections, I/we understand I will be responsible for any applicable services charges.

_____ Date _____
(owner's signature or responsible person)

Witness Signature _____

Thank you for the continued opportunity to serve your pets' needs.

The Doctors and staff at Shiloh Veterinary Hospital