



WELCOME TO PALMETTO ANIMAL HOSPITAL

FILE # _____

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET. WE'LL BE HAPPY TO ANSWER ANY QUESTIONS YOU HAVE ABOUT YOUR PET'S HEALTH. PLEASE TAKE THIS TIME TO FILL IN THIS FORM COMPLETELY.

HOW DID YOU LEARN OF OUR HOSPITAL

PHONE BOOK ___ WEB PAGE ___ HOSPITAL SIGN ___ INTERNET ___

LOCATION ___ REFERRAL / CLIENT _____ EMPLOYEE _____

OWNER _____ E-MAIL _____ SPOUSE _____

ADDRESS _____ CITY/STATE _____ ZIP _____

HOME#: _____ CELL #: _____ EMERGENCY #: _____

EMPLOYMENT: _____ WORK #: _____

SPOUSE EMPLOYMENT: _____ WORK #: _____

After Hours Emergency Policy

Palmetto Animal Hospital does provide after hours emergency care for active clients and reserves the right not to see non-compliant or inactive clients. We see the active clients of Palmetto Animal Hospital on the weekends and holidays. Unfortunately, we are unable to see clients from other veterinary hospitals in the area.

****Active Client** = up to date on all vaccines (this includes: kitten series, puppy series, and must have an up to date rabies provided by Palmetto Animal), physical exam, heartworm preventative, etc...and their account must be in good standing. New clients of Palmetto Animal Hospital who are up to date with vaccines from a previous veterinarian may bring a copy for our records. New clients will then be able to utilize our after hours services.

****Non-compliant** = past due on vaccines and physical exam, etc...and has been seen in the past 12 months and their account is in good standing.

****Inactive** = has not been seen in over 15 months and is overdue on all procedures or has an overdue account.

****Good standing accounts** = are those with an account balance of zero.

I HEREBY AUTHORIZE THE VETERINARIAN TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET. I ASSUME RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THE ANIMAL. I ALSO UNDERSTAND THAT THESE CHARGES WILL BE PAID AT TIME OF RELEASE AND THAT A DEPOSIT MAYBE REQUIRED FOR SURGICAL TREATMENTS. ESTIMATE UPON REQUEST.

SIGNATURE OF OWNER _____ DATE _____





NUMBER OF PETS: DOGS _____ CATS _____ OTHER _____

PET HEALTH HISTORY

NAME OF PET _____ DOG _____ CAT _____

BIRTHDATE _____ BREED _____

COLOR _____

MALE _____ (NEUTERED) Y / N FEMALE _____ (SPAYED) Y / N

NAME OF PET _____ DOG _____ CAT _____

BIRTHDATE _____ BREED _____

COLOR _____

MALE _____ (NEUTERED) Y / N FEMALE _____ (SPAYED) Y / N

VACCINATION HISTORY:

PLEASE PROVIDE THE NAME AND NUMBER OF THE VETERINARY CLINIC FOR US TO OBTAIN PET(S) HISTORY _____

IF YOU HAVE RECORDS PLEASE PROVIDE THEM AS SOON AS POSSIBLE TO GET YOUR PET(S) UP DATED IN OUR SYSTEM.

CHECK POLICY:

WE APPOLIGIZE FOR ANY INCONVENIENCE, BUT CHECKS ARE NOT ACCEPTED BY NEW CLIENTS THAT HAVE A BALANCE THAT EXCEEDS THE AMOUNT OF \$200.00. PAYMENT OF SUCH AMOUNTS MUST BE PAID BY CASH OR CREDIT CARD. ALL PAYMENTS ARE RENDERED AT THE TIME OF SERVICES. A DEPOSIT OF HALF IS ALSO REQUIRED IN THE EVENT OF A HOSPITALIZED PET. THE REMAINDER OF THE BALANCE IS TO BE PAID IN FULL AT THE TIME OF DISCHARGE.