**Welcome!** Thank you for choosing Animal Care Hospital at Bold Springs to care for your pet. We will strive to treat your pet as one of our own – with utmost care. Please fill out this form as completely as possible so that we can begin meeting your pet's needs.



Thank you.

Name:				Date:				
Name:					Spouse:			
Address:								
City/State	e/Zip:							
Best Contact Phone:					2nd Contact Phone:			
Work Phone:					Employer:			
Email Add	dress:							
Referred !	by: □	ı sign □ yel	low pages	□ website	e 🗆 friend	d/relative:		
nforma	tion a	bout your	pet:					
ame:					Birth date (or approximate age):			
□ Dog Bre		Bree	d					
□ Cat		Bree	Breed					
	□ Other Breed _		d					
	□ Male			□ Female □ Neutered or Spayed				
С	Descrip	tion of pet (c	color/length	of hair):				
Has vour	r pet b	een vaccina	ated in the	past vea	r?	□N	0	
•	□ Yes			-		When		
	Dog: Cat:	□ Rabies	□ DHLPP	□ Borde	etella (Ker		☐ Heartworm Test ☐ Fecal Check	
s your pet currently taking any medicine(s)?					□ No	□ Yes _		
Does your pet have any known allergies?					□ No			
Does your pet have any medical problems?					□ No	□ Yes _		
Oo you ha	ave oth	er pets at ho	me? $\square$ Cats	□ Dogs	□ Other:			
A/la a.4 !a. 4								
wnat is t	tne rea	ason for this	S VISIT?					
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Our goal at Animal Care Hospital at Bold Springs is to provide top-notch medical care for pets at a reasonable cost. Being able to charge fair and reasonable fees for our services and products depends on clients paying their bills in full at the time of service. We are a small, family-owned and operated business.

We appreciate your understanding our policy that payment is due at the time of service.

If you have any questions regarding this policy, please speak to the receptionist *before* seeing the doctor.

Sign here acknowledging that you understand payment is due in full today