

Allgood Animal Hospital New Client Information

This form can be filled out electronically. After completion, please print out and bring with you.

Date _____
Owner's Name _____ Spouse's Name _____
Address _____ City _____ State _____ Zip code _____
Home Phone _____ Cell Phone _____ Email _____
Place of Employment _____ Work Phone _____
Spouse's Place of Employment _____ Work Phone _____

How did you become aware of our clinic?

Sign Yellow Pages Here Previously Friend/Relative Website Other _____

Pet Information

Reason for this visit _____ Previous Veterinarian _____

Name _____ Species (Choose an item.) Breed _____
Color _____ Date of Birth _____ Sex Male Neutered Female Spayed

Medical History:

Has your pet been to a veterinarian in the last year Yes No

Which of the following health care services has this pet had in the last year?

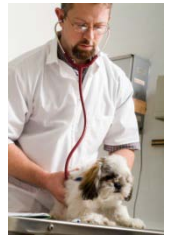
DOGS

- Rabies Vaccination
- Distemper/Parvo Vaccination
- Corona Virus Vaccination
- Bordetella Vaccination
- Fecal Exam for Parasites
- Heartworm Test



CATS

- Rabies Vaccination
- Distemper-IFR Vaccination
- Leukemia Vaccination
- Fecal Exam for Parasites



Heartworm Preventative type (Choose an item.) _____

List Medications your pet is taking _____

List Medications your pet is allergic to _____

List any previous/ongoing illnesses _____

Any other information we should know about your pet? _____

Do you wish to be present when your pet is examined and treated? Yes No

Payment Policy

Payment in full is expected when treatment is performed or animal is discharged. We accept cash, checks, debit cards, and all major credit cards. Payment plans can be arranged through Care Credit. Applications are available at the front desk. In case of emergency hospitalization, deposit arrangements must be made. On your request we will provide you with a written estimate of charges.

ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Method of payment: Cash Check Credit Card CareCredit

Signed _____