



NEW CLIENT INFORMATION FORM

Thank you for your interest in Country Club Animal Hospital. We look forward to getting to know you and having the opportunity to care for your pet(s). Please fill out the information sheet completely.

PET OWNER: _____ SPOUSE/ PARTNER: _____

OWNER'S ADDRESS: _____

OWNER'S EMAIL: _____

PHONE: _____ MOBIL: _____ OTHER: _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE: _____

I authorize Country Club Animal Hospital (CCAH) and its staff to contact me via phone and text messages.

Consumer information is not shared with third parties for marketing purposes.

How did you hear about our hospital? *Check all that apply*

Used our services before Saw our hospital Internet search Facebook/ Social Media

Recommended by friend. Who may we thank? _____

PET INFORMATION:

| | Pet 1 | Pet 2 | Pet 3 |
|-------------------------------|-------|-------|-------|
| Pet Name: | | | |
| Species (dog/cat/other): | | | |
| Breed (Doberman /Siamese): | | | |
| Description (Color/markings): | | | |
| Sex (Male/Female): | | | |
| Age (Months/Years): | | | |
| Altered/ Spayed: | | | |
| Microchip number: | | | |

HELP US LEARN MORE ABOUT YOUR PET:

Do you have pet insurance? If yes, which one? _____

My dog goes to the dog park and plays with other dogs _____

Or My cat goes outside (free roaming, only with supervision) _____

Has your pet been known to bite? (please explain) _____

My pet boards at a kennel _____ My pet goes to the groomer regularly _____

My pet is currently/will be attending obedience school _____

Are there any specific questions or concerns you would like us to address at your visit today? _____

PHOTO CONSENT: Do we have your permission to share your pet's image and story on social media, our website & other forms of related media? Your name and personal information will never be shared.

Yes. I authorize CCAH to share my pet's photo & story

NO. I do not authorize this.

HEALTH RECORDS:

Previous health care provider: _____

Please indicate date of last veterinary visit/procedure/vaccines given: _____

Any chronic health conditions? _____

Any history of vaccine reactions? _____

Current medications: _____

Current heartworm/ flea prevention: _____

MEDICAL RECORDS RELEASE POLICY:

Following guidelines set forth by the American Animal Hospital Association (AAHA) it is our goal to maintain confidentiality and respect client/ patient confidentiality. In order to comply with the current standard directing the release of your pet's medical records, we must have your written consent to transfer, copy or transmit, either a portion or an account history in its entirety, from our hospital (i.e.; boarding facilities, referral clinics, city officials, etc.).

I authorize Country Club Animal Hospital, to release/disclose my pets: *Please check one*

Full Medical Records

Vaccine History Only

DO NOT Release Records

I understand that there may be a fee associated with the copying, faxing, mailing and handling of my request.

OWNER'S SIGNATURE: _____

DATE: _____

CONSENT FOR EMERGENCIES/RELEASE OF MEDICAL INFORMATION:

I give permission for the individuals named below to obtain medical information for my pet(s) and to seek emergency treatment for my pet(s) in the event that I am unable to do so. I understand that, as the owner, I am financially responsible for any and all services rendered.

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

TERMS OF SERVICE: PAYMENT IN FULL is required at the time services are rendered. We accept cash, checks, Visa, MasterCard, Discover, and Care Credit as forms of payment.

I, the undersigned, agree to pay for veterinary services in a timely manner. I understand that services on accounts unpaid after 30 days will be charged a monthly service fee. If you have an account over 90 days past due, Country Club Animal Hospital may relinquish your balance owed to a collection agency. Country Club Animal Hospital charges \$25 for returned checks. I agree to be responsible for payment of all collection and attorney fees incurred should this account be submitted for collection.

OWNER'S SIGNATURE: _____

DATE: _____

PRINT NAME: _____

DATE: _____

CCAHA WITNESS TO SIGNATURE: _____

DATE: _____