

Slippery Rock Veterinary Hospital

"Patient Care through Exceptional Client Service"

Welcome! Our caring professionals look forward to treating your pet and to providing you with the service and attention you want. We are pleased to welcome you to our practice. So that we may better serve you - please take a few minutes to fill out this form as completely as you can. If you have any questions we are glad to help you. Thank you for involving us with your pets' healthcare needs.

Your Information:

Name: _____
First Middle Initial Last

Address: _____
Street address City State Zipcode

Home phone #: _____ Cell phone #: _____ E-Mail: _____

Occupation: _____ Employer: _____ Work Phone # _____

Spouse/co-owner name: _____ Business Phone #: _____

Please list anyone, including yourself that can make medical and financial care decisions for your pets when treated by this hospital: _____

How did you *first* hear of us? We greatly appreciate the referral of friends and family; please tell us who we can thank for your visit today? _____; (or), please *circle one* of the following: Yellow pages, Location, Sign, Hospital Brochure, Internet, Other: _____

Pet Information:

(Pet 1)

(Pet 2)

(Pet 3)

Name:			
Dog or Cat?			
Breed:			
Colors/Description:			
Age/Date of Birth:			
Male or Female?			
Is he/she Neutered?			
Microchip/Tattoo?			
Reason for visit today?			

Please describe any other pets or animals living in your household? _____

Your Pets' History -- please check one:

- ☐ No previous medical history/First visit to any veterinarian
☐ I brought my pets' records today! (The receptionist will make a photocopy for the doctor)
☐ I forgot to bring my pets' records today, but they are available at _____
(Hospital or Doctor Name)

Payment: All fees are due at the time of service

We will gladly prepare a written treatment plan with service fees prior to treatment; when requested. In cases of extensive medical or surgical procedures, where full payment may be difficult, we accept all major credit cards and CareCard. After submitting an application and approval, CareCard provides a convenient payment plan option - please ask for more information *prior to* treatment. There is a service charge for any check returned from the bank and when using the CareCard payment option an administration fee is applied.

Preferred method of payment: ☐ Cash, ☐ Check, ☐ Credit Card, ☐ CareCard

Your signature authorizes care and associated charges to be provided by this hospital for your pets.

Date: _____ Signature: _____ (must be over the age of 18)

FOR HOSPITAL USE: [] EMR UPDATED; [] RMDRS; [] AUTHENTICATED