

Byram Animal Hospital

PATIENT/CLIENT INFORMATION

Welcome to Byram Animal Hospital. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete both sections of this information sheet.

Your Name/Title _____ Spouse/other _____

Address _____ City _____ Zip _____

Home Telephone _____ Your Work Telephone _____

Cell Telephone _____ Spouse Cell Telephone _____

Your Email Address _____ Spouse/Other Email _____

Your Employer _____ Employer Telephone _____

Spouse's Employer _____ Employer Telephone _____

Your Driver's License Number _____ State _____ (if you will wish to pay by check)

In case of EMERGENCY, please call _____ @ Telephone _____

How do you prefer to be notified of reminders? Phone message _____ Email _____ Post Card _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign Direct Mail Brochure Yellow Pages Ad Newspaper AAHA Referral

Referred by _____

How do you consider your pet? As part of your family Just a pet

AT YOUR REQUEST WE WILL GLADLY DISCUSS COST OF SERVICES AND/OR PREPARE A WRITTEN ESTIMATE FOR RECOMMENDED PROCEDURES.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED.

We accept cash, checks drawn from a local bank, debit cards, VISA, MasterCard, Discover Card and American Express. We charge \$25. fee for returned checks.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, WE RECOMMEND ANIMALS BE CURRENT ON ALL VACCINES. PETS WITH FLEAS WILL BE TREATED WITH A TOPICAL OR ORAL FLEA MEDICATION ON ADMISSION, AND THE PRESCRIPTION PRICE WILL BE INCLUDED IN THE INVOICE. I AUTHORIZE ADMINISTRATION OF VACCINES AND PARASITE CONTROL AS NEEDED FOR MY PET(S).

SIGNATURE _____ DATE _____

ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
Name			
Cat or Dog?			
Breed			
Description/color			
Age			
Date of Birth			
Sex/Altered?			
Length of Time Owned			
How Obtained?			
Previous Hospital/Vet			
Microchip #			
Vaccinations			
DHPP			
Bordetella			
Rabies			
FVRCP			
FELV			
Lyme			
Canine Flu			
Other Vaccines			
Current Medications			
Special Diet			
Prior Illness/Accidents			
Prior Surgery/Dentistry			

Details _____

Please tell us of any other information we should have to best assist you and your pets.

*Wed*____ *TY*____ *Phy Add*____ *Email*____ *DL*____ *Sig*____ *Policy*____ *Remind*____ *Emp*____