

All Cats & Dogs Veterinary Hospital, Inc.

Paula Thorne, D.V.M. & Beth Hudson, D.V.M.

3250 Nashville Road, Bowling Green, KY 42101

Office # 270-904-2660 - Fax # 270-904-2661

Account # _____

Patient # _____

WELCOME

We are pleased to welcome you to our hospital. Please take a few minutes to fill out this form as completely as possible. If you have any questions, we will be glad to help you.

Client Information

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____

Employer/ Occupation: _____ Business Phone # _____

E-Mail: _____ Driver's Lic. # _____ State _____

Spouse or Co-Owner: _____ Alternate Phone # _____

How did you hear about us? _____ Who may we thank? _____

Preferred Method of Contact (Email, Home phone, Cell phone, US Mail): _____

Pet Information

Name: _____ Breed: _____ DOB or Age: _____

Color: _____ Weight: _____ Allergy: _____ Sex: F or M - Spayed/Neutered

Date of last vaccination? _____

Are there any health concerns we should know about? _____

Previous or Referring Veterinarian: _____ **Phone:** _____

Practice Name & Address: _____ **Fax:** _____

Would you like us to get a copy of your pet's records from this Veterinarian? If so, please authorize below:

I, _____, request that a copy of all medical records from the above named veterinarian for my animal(s) named _____ be released to AC & DVH, Inc.

at fax # 270-904-2661. Client Signature: _____ Date: _____

I, the owner of the above named animal(s), understand and agree that the account balance is due in full upon receipt of services at All Cats & Dogs Veterinary Hospital, Inc.

EMERGENCY SERVICES: A DEPOSIT WILL BE REQUIRED BEFORE WE WILL BEGIN A TREATMENT PLAN.

Payment methods accepted: Cash, Personal Check (Established clients only), Visa, Mastercard, Discover, or Debit Card. YOU AGREE TO REIMBURSE US THE COLLECTION FEES OF ANY COLLECTION AGENCY, WHICH SHALL BE BASED ON A PERCENTAGE AT A MAXIMUM RATE OF 33 1/3% OF THE AMOUNT DUE AT THE TIME YOUR ACCOUNT IS PLACED WITH A COLLECTION AGENCY, AND ALL COSTS AND EXPENSES INCURRED FOR ANY COLLECTION EFFORTS ON YOUR ACCOUNT, INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY THE COLLECTION AGENCY. THIS CONTRACT SHALL COVER ALL MEDICAL TREATMENT AND SERVICES UNTIL REVOKED BY EITHER PARTY IN WRITING.

Owner Signature _____ Today's Date: ____/____/____