

# MAIDEN SMALL ANIMAL HOSPITAL PATIENT CHECK IN

Welcome to Maiden Small Animal Hospital. Please take time to fill in all of the information below.

DATE: \_\_\_/\_\_\_/\_\_\_ REASON FOR VISIT: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-mail ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

HAVE YOUR PETS BEEN SEEN HERE PREVIOUSLY? Y N REFERRED BY: \_\_\_\_\_

## PET INFORMATION

NAME: \_\_\_\_\_ BREED: \_\_\_\_\_

COLOR: \_\_\_\_\_ BIRTH DATE (OR APPROX. AGE): \_\_\_\_\_

SEX: (circle one)      MALE      NEUTERED MALE      FEMALE      SPAYED FEMALE

## MEDICAL AND VACCINATION HISTORY (circle below)

DOGS:      CURRENT      PAST DUE      NONE      FELV/FIV TESTED: Y / N      RESULTS: POS / NEG  
CATS:      CURRENT      PAST DUE      NONE

IS YOUR PET ON HEARTWORM PREVENTION? (circle one)      Y      N

PREVIOUS VETERINARIAN: \_\_\_\_\_

ANY KNOWN ALLERGIES? (If yes, please list them): \_\_\_\_\_

## OWNERS AGREEMENT - PLEASE READ CAREFULLY

Maiden Small Animal Hospital's exam fee for sick or injured animals is \$52.00-\$100.00 (trauma). An annual exam fee is approximately \$50.00. Any treatments, lab tests, x-rays, hospitalization, or medication is charged in addition to the exam fee. We assume the person below to be the responsible caretaker of the animal, and to assume financial responsibility for all charges incurred as a result of this visit. A deposit will be required if your pet is hospitalized or left for any period of time. Maiden Small Animal Hospital DOES NOT OFFER BILLING SERVICES (CREDIT). Payment can be made in the form of cash, personal check, Visa or Mastercard. In cases of serious injury or illness where a large bill may be incurred, a written estimate will be given to you. If you anticipate a problem with payment, let the veterinarian know at the time the estimate is given to you. *Any unpaid balances are subject to an 18% annual percentage rate of interest.*

By signing below you agree to all conditions listed above.

SIGNATURE OF OWNER OR AGENT: \_\_\_\_\_

METHOD OF PAYMENT FOR TODAY'S VISIT: (circle one)      CASH      CHECK      CREDIT CARD