

Client/Patient Data Form

Client:

Last Name: _____ First Name: _____ Spouse/Other: _____
Address: _____ Primary Phone: _____ Mobile / Home
_____ Work Phone: _____
City: _____ State: _____ Zip: _____ Secondary Phone: _____ Mobile / Home
Email: _____ Other Phone: _____
Are you active duty, retired military, first responder, or law enforcement? (ID required): _____
Who referred you to us? _____

At this time, we are no longer able to accept checks. We are able accept the following forms of payment: all major credit cards, Care Credit , and cash

Patient:

(Circle One)

Name: _____ Sex: Male Female
DOB or Age: _____ Has your pet been spayed or neutered? Yes No
Breed: _____ Species: Canine Feline Other
Color: _____
Is your pet microchipped?: Yes No
Any allergies known?: Yes No If yes, list here: _____
Any diagnosed illnesses or injuries?: Yes No If yes, list here: _____

Any previous surgeries? Yes No If yes, list here: _____
What medications is your pet taking? (including heartworm prevention): _____

Treatment Authorization:

I am the owner/authorized agent for the animal named above, and I am 18 years of age or older. I give permission for the doctor(s) and staff of Milton Animal Hospital to examine and treat my pet as I have requested. I understand that the doctor(s) and staff will use all reasonable precautions against injury, escape, or death of my pet. I understand that medical therapy of any kind involves some risk to my pet, including but not limited to adverse drug reactions, and agree to hold the hospital and its employees harmless, in the absences of negligence, in connection with these procedures, I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained. In the event of an emergency, I understand that life-saving measures will be initiated while an attempt is made to contact me. If I cannot be contacted at the listed phone number(s), the doctor(s) and staff are directed to make decisions deemed best for my pet. I understand that payment is due when services are rendered, and I agree to pay for those services rendered. I understand that interest will accrue on any balance outstanding over 30days at 1 ¾ % per month (21% annually), and a \$5.00 handling fee will be assessed on each monthly statement. I agree to pay for these and any additional costs incurred by the hospital in the collection of any outstanding debt for services rendered.

Photo Release Authorization:

I grant to Milton Animal Hospital, its representatives and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Milton Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

The above may take photos of me and/or my pet The above may NOT take photos of me and/or my pet

I have read and understand the foregoing, and agree.

Signature

Date