

NEW PATIENT HISTORY SHEET AND FINANCIAL POLICY

Owner information: Name _____ Date: _____

Address: _____ City, State, Zip _____

Driver License # and Date of Birth: _____

Home phone: _____ Cell phone: _____ Work phone: _____ Email: _____

How did you hear about us? _____ Previous Veterinarian: _____

How do you intend to pay for office visits? Cash Credit/Debit Check CareCredit

We will need a copy of your Driver License for ID purposes. If you, at any time, use a check we will need a copy of your Driver License. Checks cannot exceed \$50.00 on 1st visit. We cannot accept post-dated checks. American Express is not a payment option at this time. **Payment is expected at the time of service. Thank you.**

Pet information: Pet Name: _____ Dog Cat Bird Other: _____

Breed: _____ Sex: Female Male Spayed/Neutered: Yes No

Color(s): _____ Birthday: _____ Age: _____ What was age when obtained? _____

Where did you get your pet? _____ Do you have other pets? _____ If yes, what kind? _____

What does your pet eat (type & brand)? _____

Is your pet on any medication? If so, what kind? _____

What type of flea/tick prevention is your pet on? _____

Has your pet had any serious medical conditions? _____

What has your pet been vaccinated for in the past year?

Dogs: Rabies DHLPP (Distemper, Hepatitis, Pneumonia, Parvo) Lepto* Bordatella

(*Lepto is a severe, life-threatening virus transmitted through dogs noses if they sniff the urine of raccoons, opossums and other wildlife abundant in FL)

Cats: Rabies FDRT (Feline Distemper, Rhinotracheitis) FELV (Feline Leukemia)

If not vaccinated, which would you like done? _____

CATS: Does your cat go outside? Yes No Has your cat been tested for Feline Leukemia? Yes No **

(**This virus is transmitted through saliva, sneezing, fighting and intimate contact. If your cat goes outside or has access to screened in areas we strongly advise testing and vaccinating for this disease.)

DOGS: Has your dog been tested for heartworm disease? _____ What heartworm prevention is given? _____

(Heartworms are spread by mosquitoes and are a year-long threat in Florida. If your dog is not on prevention we strongly advise testing for and starting on prevention immediately. Heartworms live in the bloodstream & heart and can cause serious side effects often leading to death.)

We are committed to providing your pet(s) with the best possible care. In order to achieve our goals we need your assistance and understanding of our payment policy. Payment for our services is due at the time services are rendered. Returned checks are subject to a \$30 fee. Balances older than 30 days may be subject to additional collection fees and interest charges of 1 ½ % per month. A charge of \$35 will be assessed for broken appointments and appointments cancelled without 24-hours advance notice. Please be thoughtful of other animals who may need to see a veterinarian if you will not be able to make it to your scheduled appointment. If you have pet insurance we will provide the information needed for you to submit the documentation.

I hereby authorize Bayshore Animal Hospital to examine and/or administer such medications and perform such diagnostic and therapeutic procedures as may be necessary for proper care for my pet. If it is determined that my pet requires further care I understand that I may ask for an estimate of the probable fees. Should it be necessary to collect my account through an attorney or collection agency, I hereby agree to pay all costs for collection including attorney fees, collection costs and court fees.

I have read and fully understand the above information and agree to its conditions.

Signature _____ Date _____ Printed Name _____