

Date: _____

LET'S GET ACQUAINTED

FIRST & LAST NAME: _____ E-MAIL ADDRESS: _____

MAILING ADDRESS _____

PHYSICAL ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE # (____) _____ - _____ WORK # (____) _____ - _____ CELL # (____) _____ - _____

SSN _____ Driver's License # _____ Birth Date _____

SPOUSE NAME _____ SPOUSE EMPLOYER _____

EMPLOYER _____

NEAREST RELATIVE OR FRIEND _____ PHONE # (____) _____ - _____

In signing I understand that I am responsible for all fees incurred at Bannock Animal Medical Center, and that I am the owner, or representative of the owner, for each pet listed. I give permission to Bannock Animal Medical Center to transmit my pets' entire medical records to other veterinarians who have given my pet care, or to whom I may take my pet in the future for care, upon their verbal request.

I understand that should collection become necessary, as the responsible party, I agree to pay an additional 50% collection fee and all legal fees associated with the collection process, with and without suit, including attorneys' fees and court costs.

Signature: _____

All fees are due when services are rendered.

How do you prefer paying your bill?

We regret that we are unable to accept checks

How did you find out about

Bannock Animal Medical Center?

- CASH
- VISA/MC/AM EX /DISCOVER
- CARECREDIT (Requires Application)

Carecredit is a medical payment plan you can apply for which can spread medical bills over a period of time

- PERSONAL REFERRAL - By Who? _____
- POCATELLO ANIMAL SHELTER
- CHUBBUCK ANIMAL SHELTER
- BANNOCK HUMANE SOCIETY
- PRINT ADVERTISEMENT SIGN
- Where?: _____ OTHER _____

PATIENT INFORMATION, 1ST PET

NAME: _____

SPECIES: CAT / DOG

circle

SEX: M / F

circle

Microchip?: YES / NO

NEUTERED/SPAYED: YES / NO

BIRTHDAY OR AGE: _____

BREED: _____ MIXED / PURE

Circle

COLOR: _____

KNOWN ALLERGIES: _____

What medications does your pet take regularly? _____

PATIENT INFORMATION, 2ND PET

NAME: _____

SEX: M / F **Microchip?:** YES / NO

NEUTERED/SPAYED: YES / NO

BIRTHDAY OR AGE: _____

SPECIES: CAT / DOG **BREED:** _____ Circle MIXED / PURE

COLOR: _____

ALLERGIES: _____ **Regular Medications:** _____

PATIENT INFORMATION, 3RD PET

NAME: _____

SEX: M / F **Microchip?:** YES / NO

NEUTERED/SPAYED: YES / NO

BIRTHDAY OR AGE: _____

SPECIES: CAT / DOG **BREED:** _____ Circle MIXED / PURE

COLOR: _____

ALLERGIES: _____ **Regular Medications:** _____

PATIENT INFORMATION, 4TH PET

NAME: _____

SEX: M / F **Microchip?:** YES / NO

NEUTERED/SPAYED: YES / NO

BIRTHDAY OR AGE: _____

SPECIES: CAT / DOG **BREED:** _____ Circle MIXED / PURE

COLOR: _____

ALLERGIES: _____ **Regular Medications:** _____

PATIENT INFORMATION, 5TH PET

NAME: _____

SEX: M / F **Microchip?:** YES / NO

NEUTERED/SPAYED: YES / NO

BIRTHDAY OR AGE: _____

SPECIES: CAT / DOG **BREED:** _____ Circle MIXED / PURE

COLOR: _____

ALLERGIES: _____ **Regular Medications:** _____