

Patient Admission Form

Please fill out information completely

Date: _____

Client Information Seasonal? Yes No Driver's license# _____

Owner Name: _____ Secondary Name: _____

Primary address: _____ City/State _____ Zip _____

Secondary address: _____

Telephone (check preferred): Home: _____ Cell: _____

Work: _____ Fax: _____ Email: _____

How did you learn about our hospital? We would like to thank any individual who referred you.

My veterinarian Pet Pages Mailing Street sign Family/friend Internet Phonebook

Other _____

Veterinarian information:

Regular veterinarian _____ Hospital _____

Additional veterinarian _____ Hospital _____

Patient information Dog Cat Other _____ Pet's name: _____ DOB: _____

Sex (check box): Male Male neutered Female Female spayed

Breed: _____ Color: _____

Diet (including treats): _____

May photos and videos of your pet be posted in advertising/educational brochures? Yes No

Prevention history: Is your pet up to date on vaccines? Yes No

Please provide dates: Rabies _____ Distemper-Parvo _____ Feline upper respiratory _____ Feline Leukemia _____

Heartworm prevention: Yes (type) _____ No Flea/tick prevention: Yes _____ No

Current medications:

Name	Dose	Frequency	Date started
1. _____			
2. _____			
3. _____			
4. _____			

Current supplements: _____

Please list any current symptoms. For each, please list duration: _____

Specific concerns you would like addressed today: _____

All fees for professional services are due at the time services are rendered. For patients requiring in-hospital or emergency care, a deposit is required with the balance due upon discharge.

I understand that I (the owner or agent) am financially responsible for all charges relating to this patient. I understand that if a balance is left unpaid, interest will accrue at the rate of 1.5% per month (18% per annum).

I also understand that if a balance is unpaid and the account is referred to a third party for collection purposes, that I am liable for the following: original balance due, any collection fees incurred, interest at the rate of 18% per annum, and if the account requires litigation, any attorney fees and court costs included.

For your convenience SWFVS accepts cash, personal checks, all major credit cards, and Care Credit.

 Signature of responsible party (must be at least 18 years of age)