



Helena Veterinary Service PATIENT AND CLIENT INFORMATION SHEET

Office Use Only

| | |
|---------------|-------|
| Client # | _____ |
| Date | _____ |
| Staff Initial | _____ |

Today's Date: ____ / ____ / ____

Mr. / Mrs. / Dr. / Ms. _____ Spouse _____
Last First Initial

Mailing Address _____
Street Apt City State Zip

Primary Phone _____ Secondary Phone _____ Email _____

Place of Employment _____ Phone _____

Spouse's Employment _____ Phone _____

If necessary, may we call you at work? Yes No Additional Phone Numbers _____

Name of other caregiver or pet sitter _____

How did you **First** become aware of our Hospital?

- Yellow Pages Personal Recommendation - Who may we thank? _____
- Website Veterinarian (Name) _____
- Outdoor Sign Other _____
- Previous Veterinarian from whom we can obtain records _____

Pet's Name _____

Species Dog Cat
 Other _____

Breed _____

Color _____

Date of Birth _____

Male Female

Neutered Spayed

Any special diet, medication, illness, allergy, surgery or other concerns we need to be aware of? _____

Pet's Name _____

Species Dog Cat
 Other _____

Breed _____

Color _____

Date of Birth _____

Male Female

Neutered Spayed

Any special diet, medication, illness, allergy, surgery or other concerns we need to be aware of? _____

Pet's Name _____

Species Dog Cat
 Other _____

Breed _____

Color _____

Date of Birth _____

Male Female

Neutered Spayed

Any special diet, medication, illness, allergy, surgery or other concerns we need to be aware of? _____

All fees are due when services are rendered. A deposit may be required on all hospitalized or surgical patients, and the balance is due when your pet is released from the hospital. You must be over eighteen years of age to authorize treatment. Please indicate your payment choice(s). Thank you.

- Cash Check CARE Credit Mastercard / Visa / AMEX / Discover Pet Insurance

I understand that should I default on payment of my account and collection agency services are required, all costs of collections, including attorney's fees, will be added to the balance of my account.

Responsible Party Signature _____

(Print) Responsible Party _____

Thank you for giving us the opportunity to serve you

Last four digits of Soc. Security # _____