



Goodlettsville Animal Hospital

NEW PATIENT & CLIENT INFORMATION FORM

Patient Information

Pet's Name _____ Species: Dog Cat
Neutered or spayed? Yes No Sex: Male Female Date of birth ___/___/___
Breed _____ Color _____

Dates of last vaccinations

Dogs: Dhppc (Distemper/hepatitis/parvo/parainfluenza/corona) _____ Lepto _____ Rabies _____
Bordetella _____ Heartworm test _____ Is your dog on heartworm preventatives? Yes No
Cats: FVRCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia) _____ Rabies _____ Feline Leukemia _____

Who was your previous vet? _____ Phone (_____) _____

Client Information

First Name _____ Last Name _____
Spouse First Name _____ Spouse Last Name _____
Address _____ City _____ County _____ State _____ Zip _____
Phone (_____) _____ Work (_____) _____
Email _____ Employer _____

How did you become aware of our hospital?

Referred by a friend Whom may we thank? _____
 Drove by Internet Website www.goodlettsvilleanimal.com

Payment Policy: Payment is expected in full for all services rendered at the time of your visit. We accept cash, check, credit cards and Care Credit. A deposit may be required for extensive medical and surgical treatments requiring hospitalization of your pet. We will gladly prepare a written estimate if you desire.

Financial Responsibility Agreement: I understand that if for some reason the balance is not paid in a timely fashion, I will be responsible for the balance due, plus interest, at the rate of 1.5% per month along with a billing fee of \$3.00 per month. I will also be responsible for any collection and/or attorney fees incurred to collect this debt. There is a \$25.00 fee for returned check.

I have read and understand the payment policy of Goodlettsville Animal Hospital, and I am 18 years of age or older.

Signature _____ Date _____