

Goodlettsville Animal Hospital

NEW PATIENT & CLIENT INFORMATION FORM

Mr. Mrs. Ms.

First Name _____ Last Name _____

Address _____ Apt # _____ City _____ Zip _____

County _____ Primary Phone (____) _____ cell home

Work (____) _____

Secondary Acct Holder First Name _____ Last Name _____

Secondary Acct Holder Phone (____) _____ cell home

*Email _____

If your pets have received medical care from another vet, we will need to obtain a copy of those records.

Name of previous vet: _____ Phone: (____) _____

How did you hear about our hospital?

Referred by a friend Whom may we thank? _____

Drove by Internet Website www.goodlettsvilleanimal.com.

Patient Information

Pet's Name _____ Species: Dog Cat

Neutered or spayed Yes No Sex: Male Female Date of birth ___/___/___

Breed _____ Color _____ Behavior concerns or issues _____

Current Medications: _____

Pet's Name _____ Species: Dog Cat

Neutered or spayed Yes No Sex: Male Female Date of birth ___/___/___

Breed _____ Color _____ Behavior concerns or issues _____

Current Medications: _____

Payment Policy: Payment is required in full 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 at your request.

Financial Responsibility Agreement: I understand that if for any reason the balance is not paid in full, 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 \$35.00 fee for a 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 _____