

**ANDES-STRALEY VETERINARY HOSPITAL
OWNER/PATIENT INFORMATION SHEET**



Owner's Name: _____ Phone: _____

Spouse Name: _____ Cell Phone: _____

Street Address: _____ Zip: _____

City: _____ State: _____

Email: _____

Owner's Driver's License #: _____ State: _____

Please give the front desk staff your Driver's License

Owner's Place of Employment: _____ Phone: _____

Spouse's employment: _____ Phone: _____

Emergency contact name: _____ Phone: _____

How did you hear about us? _____

If recommended, by whom? _____



Pet's Name: _____ Dog Cat Other: _____

(Circle One): Male Female Neutered Male Spayed Female

Breed: _____ Color: _____ Birth date or age: _____

Date of most recent vaccinations: _____ Administered by? _____

Known allergies to medications, vaccines, etc? _____



PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. We accept all major credit cards, CareCredit, and cash. **WE DO NOT OFFER ANY PAYMENT PLANS.** If the patient account balance is turned over to collections, there will be a charge added to the patient account balance that is equal to 50% of the remaining account balance. If the past due balance is settled in court, the charge added will increase to 75% of the patient account remaining balance.

I affirm that the above information is true and correct to the best of my knowledge. I also accept responsibility for payment of all goods and services as stated above.

Signature: _____ Date: _____

***I give permission for Andes-Straley Veterinary Hospital to post photos of my above pet(s) on Social Media and/or Websites.

Signature: _____ Date: _____