Client Information Form

Owner Information

Authorized contacts will have permission to make medical decisions and have full access to the account.

Authorized Contact #1

First and Last Name _____

Mailing Address _____

_____

Phone Number _____

Email Address _____

Authorized Contact #2

First and Last Name _____

Mailing Address_____

Phone Number_____

Email Address_____

Emergency Contact (In the event that the primary and secondary contacts cannot be reached)

First and Last Name _____

Phone Number_____

****Is this contact authorized to make medical decisions and have full access to this account? O Yes O No**

Patient Information

Pet #1

Name _____

Age _____

Species _____

Breed/Color _____

Sex (Circle): M, F, F (Spayed), M (Neutered)

Pet #2

Name _____

Age _____

Species _____

Breed/Color_____

Sex (Circle): M, F, F (Spayed), M (Neutered)

Referral Information

How did you hear about us? _____

If referred by a client, please provide name and phone: _____

Financial Policy Statement

Fort Thomas Animal Hospital requires payment in full at the end of your pet's examination or services.

We accept the following payment methods:

- Cash
- Major credit cards including: Visa®, MasterCard®, American Express® or Discover Card®
- Care Credit® Healthcare Credit Card(For more information ask our Customer care representatives, who can assist with the application process)
- Check

Please provide information below regarding the party who is financially responsible for the pet(s) on this account:

Full Name_____

Phone Number_____

Email Address_____

By signing below, you certify that the information above is correct, and that you understand and agree with the policy listed above.

_____

Signature

_____

Date

Record Release Authorization

Client Name _____

Pet's Name(s) _____

I, the owner or agent of the pet(s) listed above, authorize the release of my pet's medical records to the following:

- Veterinary Offices
- Boarding Facilities
- Daycare Facilities
- Grooming Facilities
- Shelters and Rescues (In the event I am applying to adopt or foster a pet)

I understand that I may revoke this authorization at any time by contacting Fort Thomas Animal Hospital.

_____

Signature of Owner

_____

Date