

PATIENT/CLIENT INFORMATION

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET! PLEASE HELP US TO MEET YOUR NEEDS BETTER BY TAKING A MOMENT TO FILL OUT THIS INFORMATION SHEET.

- ◆ Owner's Name: _____
- ◆ Spouse/other responsible for Treatment _____
- ◆ Home Address: _____
- ◆ City: _____ State: _____ ZIP: _____
- ◆ Home tel#:(____) _____ Work tel#:(____) _____
- ◆ Cell tel #:(____) _____ Cell (Second) #:(____) _____
- ◆ Employed by: _____

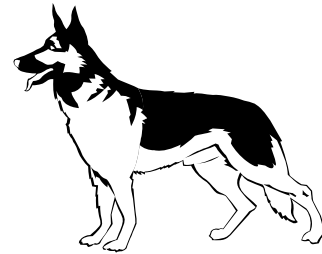
Whom may we thank for your referral? _____

E-mail address for newsletters and reminders: _____

Our commitment to you and your pet :

*To practice the most humane and efficient treatment available to us in order to enable your pet to enjoy his or her lifetime to the fullest. We will make ourselves available to answer any question you may have throughout the period we are responsible for you pet's care. As a valuable member of our team, **you the owner** must be completely comfortable with our services and fees. Please ask for an estimate and/or treatment plan at anytime!*

Sincerely, The staff at Blue Sky Veterinary Clinic



FOR THE SAFETY OF ALL OUR PATIENTS AND TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES SUCH AS INTESTINAL WORMS, EAR MITES AND FLEAS, HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. ALSO FOR THE PROTECTION OF YOUR FAMILY AND OUR STAFF , ALL ANIMALS BE KEPT CURRENT ON RABIES VACCINATIONS. PLEASE AUTHORIZE PREVENTATIVE HEALTH SERVICES BY INITIALING BELOW:

I understand that vaccinations and parasite control will be administered to my pet should the attending veterinarian determine that they require it. I understand that I am responsible for all costs incurred by these treatments.

Please initial _____

ANIMAL MEDICAL HISTORY

(PLEASE COMPLETE ALL INFORMATION FOR EACH PET)

	Pet #1	Pet #2	Pet#3
Pet's name			
Species (cat, dog, etc)			
Breed			
Color			
Age and/or date of birth			
Male or Female			
Neutered or Spayed			
Does animal have a microchip? If yes, give #			
Diet (kind of pet food)			
Hours outside daily			
VACCINATIONS	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Date of last Rabies tag number if any			
Date of last FVRCP (Cat) Feline distemper vaccine			
Date of last FeLv (Cat) Feline Leukemia vaccine			
Date of last DAP (Dog) Canine distemper vaccine			
Date of last Bordatella (Cat or Dog)			
Previous illnesses?			
Previous surgery other than spay or neuter?			
Is your animal on Interceptor?			
Pet's Origin: eg. Humane Soc. breeder, friend, pet shop, stray			
Would you like more info about:			
Pet insurance?			
Home Again microchip?			

THANK YOU !

Blue Sky Veterinary Clinic

Financial Policy

Please read carefully and sign below.

- All services are to be paid in full at the time of you pet's visit.
- We will be happy to provide you with an estimate for any care or possible care your pet may need.
- Please feel free to discuss any charge(s) as you will be expected to pay at the time of service.
- If you have pet insurance, our staff will be happy to assist you in filling out the paper work.
- We accept several forms of payment including:
 - Cash
 - VISA and VISA Debit
 - MasterCard and MasterCard Debit
 - Care Credit
- No Checks Please. We apologize for any inconvenience.

I, the undersigned agree and understand the above Financial Policy. I fully assume the financial responsibility for the treatment of my pet while under the care of Blue Sky Veterinary Clinic.

Signature: _____ Date: _____

Printed Name: _____