



Welcome To Colonial Animal Hospital
Client Information Sheet

Owner

Spouse/Partner/Co-Owner

| | | | | | |
|-------------|-----------------------------|---------------|-------------|--------------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Last | First | Middle | Last | First | Middle |
| () _____ | Home Phone () _____ | | | | |
| () _____ | Work Phone () _____ | | | | |
| () _____ | Cell Phone () _____ | | | | |

_____ **E-mail Address** _____

Address: _____
Street Number and Name

_____ **City** _____ **State** _____ **Zip Code**

How did you learn of our hospital? _____ **Yellow Pages,** _____ **Web Site,** _____ **Location/Sign,**

_____ **Referred By Friend, Their name so we can thank them:** _____

_____ **Other:** _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

For your convenience we accept cash, checks and major credit cards. With prior approval, we also offer a choice of No Interest Payment Plans to qualified applicants through our financial partner CareCredit. Please ask us in advance of your procedures if you are interested in applying for CareCredit.

In admitting my pet(s) for diagnostics, treatment or surgery, I authorize the veterinarians of COLONIAL ANIMAL HOSPITAL, and their support staff, to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.

It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained.

Further, I understand that a deposit of 50% is required before services are performed and I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur. In case of non-payment, I am aware that I will be charged by Colonial Animal Hospital, the actual cost of collection, including, but not limited to attorney's fees, court costs, plus interest and administrative fees in addition to the amount owed for services.

Signature: _____ **Date:** _____

PLEASE FILL OUT REVERSE SIDE FOR PET INFORMATION

Pet Information Sheet

PET 1

Pet's Name: _____

Species: _____ **Breed:** _____ **Birth date:** _____

Male _____ **Female** _____ **Spay/Neutered** _____ **Color** _____

PET 2

Pet's Name: _____

Species: _____ **Breed:** _____ **Birth date:** _____

Male _____ **Female** _____ **Spay/Neutered** _____ **Color** _____

PET 3

Pet's Name: _____

Species: _____ **Breed:** _____ **Birth date:** _____

Male _____ **Female** _____ **Spay/Neutered** _____ **Color** _____

PET 4

Pet's Name: _____

Species: _____ **Breed:** _____ **Birth date:** _____

Male _____ **Female** _____ **Spay/Neutered** _____ **Color** _____

PET 5

Pet's Name: _____

Species: _____ **Breed:** _____ **Birth date:** _____

Male _____ **Female** _____ **Spay/Neutered** _____ **Color** _____