



# CAYMAN ANIMAL HOSPITAL

Modern veterinary medicine ... Old fashioned care.

## PATIENT/CLIENT INFORMATION

*Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to complete this information sheet.*

### CLIENT INFORMATION

Pet Parent's Name \_\_\_\_\_ (over 18yrs please)

Spouse/Other \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home Street Address: \_\_\_\_\_ District \_\_\_\_\_

#### Check which method(s) of contact you prefer:

Cell: \_\_\_\_\_  Family Member Cell: \_\_\_\_\_

Email: \_\_\_\_\_  Family Member email: \_\_\_\_\_

Home phone: \_\_\_\_\_  Work phone: \_\_\_\_\_

How did you hear of our hospital?  Website  Google Search  Linkedin  Instagram  Sign  Facebook  Other

Please specify if not listed above \_\_\_\_\_

Referral - Whom may we personally thank for referring you? \_\_\_\_\_

Do you authorize your pet to be posted on Social Media?  Yes  No

### PET INFORMATION

Pet's Name: \_\_\_\_\_ Micro-chipped?  Yes  No

Has your pet received veterinary care at another practice in the past 2 yrs?  Yes  No Where? \_\_\_\_\_

Dog or Cat, Other: \_\_\_\_\_  Male or  Female Has your pet been neutered/spayed?  Yes  No

Birth date: \_\_\_\_\_ Breed: \_\_\_\_\_ Description/Color: \_\_\_\_\_

Last vaccination date: \_\_\_\_\_ Where did you obtain this pet? \_\_\_\_\_

Is your pet kept mostly: Indoors?  Outdoors?  Free to Roam Neighborhood?

### PAYMENT

**PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.** The signature below indicates that you assume financial responsibility for all services rendered at the time of service. If a debit or credit card is on file, you authorize payment to be charged for any outstanding balances. We will gladly prepare a written estimate if upon request. Please note there is a service charge for any cheques returned.

To prevent the spread of infectious diseases and parasites, all hospitalized patients must be current on all vaccines and free from internal and external parasites. Upon admission, the signature below authorizes this level of standard preventive care (vaccines / parasite control) with appropriate charges.

Signature of Owner Responsible for Pet \_\_\_\_\_ Date \_\_\_\_\_