



1561 North Eufaula Avenue, Eufaula, AL 36027 • phone 334.687.4722 fax 334.687.4772  
gah@eufaula.rr.com • gardneranimalhospitalpc.com

### **Patient - Client Information**

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Owner's SSN: \_\_\_\_\_ Owner DOB: \_\_\_\_\_ Spouse/Other SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

Responsible Party (someone other than yourself who is financially responsible for this bill): \_\_\_\_\_

Responsible Party Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouse/Other Employer Name & Address: \_\_\_\_\_

In case of EMERGENCY call: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED. Please complete the following.**

Bank Name and Address: \_\_\_\_\_

Preferred Method of Payment:  Cash  Check  Credit Card (Visa, MC, AMEX, Disc)  Care Credit Card  Scratch Pay

Name & Location of Previous/Current Veterinarian: \_\_\_\_\_

How did you hear about us:  Individual; Who may we thank? \_\_\_\_\_

Google  Facebook  Instagram  Newcomer's Guide  Other: \_\_\_\_\_

***To help prevent the spread of infectious diseases, ALL hospitalized and boarding animals must be current on the following vaccinations: RABIES, BORDETELLA, INFLUENZA (Canine), PARVO, DISTEMPER (Both Canine & Feline). Due to state law and insurance requirements, all dogs and cats must be current on their Rabies vaccination. Vaccinations can be updated at the time of your appointment if they are not current. We will gladly prepare an estimate for expected services if you desire.***

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I, the undersigned, do hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the next page and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection if collection efforts become necessary. I understand that a service fee of \$30.00 will be assessed for each non-sufficient funds check and/or certified letter that must be sent. All accounts unpaid after 30 days receive a \$5.00 billing charge each month and a late charge computed at a periodic rate of 1.80% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of \$5.00. I understand that emergency veterinary service is provided after normal business hours as deemed necessary by the veterinarian on call, and that a deposit will be required for such service. If I neglect to pick up my pet within 5 days of the discharge date and do not notify the hospital within that time period, you may assume that the pet is abandoned and are hereby authorized to humanely dispose of the pet as you deem best and/or necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Animal Medical History

Please complete information for all your pets to the best of your ability.

	Pet #1	Pet #2	Pet #3	Pet #4
<b>Pet's Name</b>				
<b>Species</b> (Dog, Cat, Rabbit, Horse)				
<b>Breed</b>				
<b>Color / Markings</b>				
<b>Age or DOB</b>				
<b>Male / Female</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Altered / Unaltered</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Diet</b> (Pet's Food)				
<b>Daily Meds, Vitamins or Treats</b>				
<b>Shampoo Used</b>				
<b>Flea/Tick Control Used</b>				
<b>Heartworm Preventative Used</b>				
<b>Hours Spent Outside Daily</b>				

### Vaccinations

Records from previous veterinarian may be emailed to [gah@eufaula.rr.com](mailto:gah@eufaula.rr.com) or faxed to (334) 687-4772.

	Pet #1	Pet #2	Pet #3	Pet #4
<b>DOGS:</b>				
	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
<b>DA2PP</b> (Distemper/Parvo)				
<b>Bordetella</b> (Kennel Cough)				
<b>Rabies</b>	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr
<b>Lyme</b>				
<b>Corona (Dogs)</b> *This is not Covid-19*				
<b>Other Vaccines</b> (Please specify)				
<b>Last Heartworm Test</b>				
<b>Last Fecal Test</b>				
<b>Dentistry</b> (Date of last cleaning)				
<b>Bloodwork</b> (Date of last lab work)				
<b>CATS:</b>				
<b>FVRCP</b> (Infectious Diseases)				
<b>FELV</b> (Feline Leukemia)				
<b>Rabies</b>	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr	<input type="checkbox"/> 1 yr <input type="checkbox"/> 3 yr
<b>FIP</b> (Feline Infectious Peritonitis)				
<b>Other Vaccines</b> (Please Specify)				
<b>Last FELV Test or FIV Test</b>				
<b>Last Fecal Test</b>				
<b>Dentistry</b> (Date of last cleaning)				
<b>Bloodwork</b> (Date of last lab work)				



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## **Financial Policy**

The following financial policies are mandatory for our hospital to perform the high level of care we strive to provide for your pet. All balances must be paid in full at the time of service. Gardner Animal Hospital accepts cash, local checks (with SSN, DL#, DOB, phone number and current address), major credit cards, Care Credit and Scratch Pay. Major surgeries, hospitalization and emergency services require a 50% deposit of the ESTIMATED charges expected. Emergency cases require a minimum \$300 deposit at the time of admission for intensive care therapy to be initiated. At any time, Gardner Animal Hospital reserves the right to require a deposit prior to boarding or other services provided. Gardner Animal Hospital does not permit charge accounts.

I agree to the terms and policies set forth in the above financial policy.

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Print Name

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Signature

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Date