

Cologne Animal Hospital Client Information

HOW DID YOU HEAR ABOUT US?

Owners Name _____ Spouse/Other _____

Address _____

City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____

E-Mail Address _____ @ _____

Would you like to receive reminders, messages, and up-dates thru e-mail? Yes No

Your Employer _____ Work Phone _____

Spouses/Other Employer _____ Work Phone _____

In case of emergency: who should we contact and leave a message with?

Name _____ Phone Number _____

MILITARY _____ SENIOR CITIZEN _____

Pet's Name _____ Date of Birth _____

Dog Cat Ferret Rabbit Other

Breed _____ Color & Markings _____

Microchip Number _____

Male Female Spayed/Neutered

List any past health problems _____

What flea/tic products& heartworm medications are you using? _____

List any medications including herbals and vitamins that you are giving this pet.

What are you feeding your pet? _____

What other pets do you have? _____

I understand that payment must be made at time of services.

Payment can be made via Cash, Visa, Master Card, Discover, American Express or Care Credit, Scratch Loan.

WE DO NOT BILL OR ACCEPT PAYMENT PLANS _____ INITIAL PLEASE ESTIMATES UPON REQUEST

Payments made via check will require this additional identification and information.

Drivers License _____

Date _____

Signature _____