

**WELCOME TO KINDNESS ANIMAL HOSPITAL
NEW PATIENT INFORMATION SHEET**

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information that will be necessary as we support your pet's needs today and in the future. PLEASE PRINT.

OWNER INFORMATION

Name: _____ Spouse/Other: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____

Spouse/Other Employer: _____

May we call you at work? If so please give :

Work Phone: _____ Spouse/Other Work Phone: _____

How/Why did you select us? Yellow Pages Referred by Friend/Family Member
 Previous Client Drove By Other _____

If by referral, whose account may we credit? _____

PET INFORMATION

Pet's Name: _____ Birthdate: _____ Color: _____

Breed: _____ Sex: M F Spayed/Neutered: Yes No

Medical Information - Please give the last dates for the following vaccination/test:

DOGS

Rabies: _____

Distemper: _____

Parvo: _____

Heartworm Test: _____

Fecal Exam: _____

CATS

Rabies: _____

Respiratory Complex: _____

Leukemia: _____

Fecal Exam: _____

Do you have Pet Insurance? If so what is the name of the Carrier _____

Do you use any type of flea control? If so what type? _____

Is your dog on heartworm medication? _____

Any allergies or past serious injuries? _____

PAYMENT POLICY

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. If you require an estimate, we will gladly prepare a written estimate for you (please ask our doctor OR receptionist). In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, American Express and Care Credit. **WE DO NOT BILL** so if there is a problem with payment please discuss it with us **before hand**.

Signature of Responsible Agent for Pet: _____ Date: _____