



Pleasant Animal Hospital

2909 W. Prospect Road
Ashtabula, OH 44004
PH (440) 998-1446
FAX (440) 998-7232
www.pleasantah.com

Welcome and thank you for choosing Pleasant Animal Hospital. Please fill out both sides of this form and fax or bring it with you to your office visit.

(Client Number)

Client Information

Today's Date _____ *Driver's License # _____
(For future Check writing privileges)

Your Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Primary Email _____ Would you like email reminders? Y N

Employer _____ Business Phone _____

In case of emergency whom should we contact? _____

Relationship _____ Phone Number _____

How did you hear about us? ___Web search ___FaceBook ___Yellow Pages ___Online Ad
___Print Ad ___Drove by ___Other _____ ___Individual/referral

Whom may we thank for referring you? _____

Pet Information

Pet's Name _____ Dog___ Cat___ Other _____

Where did you obtain this pet?

- ___ Breeder
- ___ Pet Shop
- ___ Friend
- ___ Humane Society
- ___ Animal Shelter
- ___ Other Adoption

Age of pet at adoption: _____

Purpose of obtaining this pet?

- ___ Companionship
- ___ Protection
- ___ Breeding
- ___ Show
- ___ Other _____

(Please specify)

Age/Date of Birth _____ Breed _____
(please specify)

Sex _____ Weight _____ Color _____ Neutered/Spayed? No ___ Yes ___ At what age? _____

Pet's current diet (include treats) _____

Pet's History (check all that your pet has received)

- DHLP (Dog-Distemper) FVRCP (Cat-Infectious Disease)
- Parvo Vaccine Feline Leukemia Vaccine
- Rabies (Dog or Cat) Feline Leukemia Test
- Dentistry
- Prior Illness _____
(explain with dates)
- Prior Surgery _____
(explain with dates)

Reason for this pet's visit: _____

Payment

**ALL PROFESSIONAL FEES ARE DUE IN FULL
AT THE TIME SERVICES ARE RENDERED**

We accept Mastercard, Visa, Discover and CareCredit credit cards. *Personal checks with proper identification are accepted from established clients. There will be a \$35.00 service charge for any check returned for insufficient funds and a 35% service fee added to any account sent to collections.

We will gladly prepare a written estimate if you upon request. (please ask receptionist or doctor). Extensive medical and all surgical treatment automatically includes a written estimate and for first time clients, fees must be paid prior to the beginning of treatment. Pet (s) will be released only upon full payment for services.

As an established client, in cases of extensive EMERGENCY medical or surgical procedures where full payment may be difficult at time of discharge, payment arrangements are possible but only if discussed and approved in advance of any treatment. This does not apply to any routine or elective procedures or to first time clients.

To prevent the spread of infectious diseases, all hospitalized pets must be current on all vaccines and free from both internal and external parasites. The signature below authorizes both the administration of this preventive care if needed and the corresponding charges that will be included on the discharge invoice.

_____ I have read, understand and agree to the terms of payment as described above.

Signature of Client Financially Responsible for Pet(s)

Date

*CASH or CREDIT CARD ONLY for new clients for first year. Initial to accept these terms: _____