

# Welcome to Columbus Animal Hospital

## Client Information

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

Home Phone:(\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Spouse Cell Phone: (\_\_\_\_) \_\_\_\_\_

Owner Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #:(\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #:(\_\_\_\_) \_\_\_\_\_

## Pet Information

Pet's Name: \_\_\_\_\_ Dog / Cat / Bird / Reptile / Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Age/Birthday: \_\_\_\_\_ Sex: Female / Spayed Female / Male / Neutered Male

### LAST VACCINATIONS WERE GIVEN:

**Dog:** Distemper \_\_\_\_/\_\_\_\_/\_\_\_\_ Parvo \_\_\_\_/\_\_\_\_/\_\_\_\_ Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ Bordetella \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cat:** PRC \_\_\_\_/\_\_\_\_/\_\_\_\_ Leukemia \_\_\_\_/\_\_\_\_/\_\_\_\_ Rabies \_\_\_\_/\_\_\_\_/\_\_\_\_ Bordetella \_\_\_\_/\_\_\_\_/\_\_\_\_

I can not remember when vaccinations were last given \_\_\_\_\_ Other \_\_\_\_/\_\_\_\_/\_\_\_\_

### HOW DID YOU HEAR OF US? (Please check one)

Radio Ad \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Yellow Book \_\_\_\_\_ Red Book \_\_\_\_\_ Frontier Book \_\_\_\_\_

Sign Out Front \_\_\_\_\_ Internet \_\_\_\_\_ Coupon From \_\_\_\_\_ Recommended By \_\_\_\_\_

I understand that if I fail to communicate with Columbus Animal Hospital and do not cooperate in picking up my animal after services are rendered I forfeit ownership of the animal to Columbus Animal Hospital without further notice. \_\_\_\_\_

Signature

Columbus Animal Hospital, P.C. has my permission to take and reproduce images of my animals and to use any and all such images and facts concerning treatment of my animals in any way they choose including websites, brochures and for other purposes. Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_

CAH has my permission to use my animal's names or names on websites, brochures and for other purposes. Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_

CAH has my permission to use my name on websites, brochures and for other purposes. Yes \_\_\_\_\_ No \_\_\_\_\_ Initials: \_\_\_\_\_

### Payment Option

Payment is required when services are rendered at CAH. For your convenience, we accept cash, check, MasterCard, Visa, American Express, Discover or Care Credit. We are happy to honor applicable coupons or discount agreements as long as you have made us aware of them prior to rendering services.

We have dedicated our lives to providing the best possible care for your pet.

**Thank you for choosing COLUMBUS ANIMAL HOSPITAL!**

**www.lovingourwork.com**