**NEW PATIENT INFORMATION**

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| --- | --- |
| **Name** |  |
| **Species**  (Canine, Feline, Equine...) |  |
| **Breed**  (Labrador, Pitbull, Chihuahua) |  |
| **Color**  (Primary Coat Color) |  |
| **Sex**  (Female, Male) |  |
| **Birthdate**  ( If you do not know exact date you can estimate in weeks, months, or years) |  |
| **Have they been spayed or neutered?** |  |
| **Microchip Number** |  |
| **Medical Alert**  (Check one if it applies to your pet) | Aggressive with other pets □ Will bite people □ Asthma □  Allergic to Sedatives □ Cage aggressive □ Diabetic □  Storm anxiety □ Antibiotic Sensitive □  Has Vaccine Reactions □ Nervous at vet □ Has seizures □  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Chronic Ailment**  (Check one if it applies to your pet) | Addison’s Disease □ Allergies □ Arthritis □  Cancer □ COPD □ Cushing’s Disease □  Diabetes □ Ear Infections □ Heart Disease □  Heart Murmur □ Hepatitis □ Hip Dysplasia □  Renal Disease □ Renal Failure □ Seizures □  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*\* PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED \*\***

**WE ACCEPT CASH, CHECKS, AND CREDIT CARDS**

**I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors of Saugahatchee Animal Hospital to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release. I understand that unpaid balances over 30 days are subject to a monthly 1.5% finance charge.**

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**Client Signature Date**