

Dog Medical Record Form

Client Information

Owner _____ Phone (home) _____ (work) _____
Last First

Address _____
Street City State Zip

Place of Employment _____ Spouse Name _____

Spouse work number _____ E-mail _____

In case of emergency, nearest living relative (not spouse) _____
Name City & State Phone Number

How did you hear about our hospital? Client referral _____ Advertisement _____
Phone book _____ Location _____ Other _____

Please complete the following information now so that we do not have to ask for it each time you pay:

Drivers license # _____ State _____

Charge card (Visa/MasterCard/Discover) _____ - _____ - _____

Date of Birth _____ S/S # _____

Color Hair _____ Color Eyes _____ HT _____

**A \$30 service charge will be added to any check returned for any reason by any banking institution.*

Payment is due when services are rendered. No exceptions, please.

Pet Information

Name _____ or _____
Date of Birth Age

Breed _____ Sex Male _____ Female _____

Coat color _____ Spayed/Neutered _____

Has your pet been tattooed? No _____ Yes _____

Tattoo Number _____

Is your pet currently taking any medications? If Yes, please explain: _____

Is your pet allergic to many medications? If Yes, please explain: _____

Medical history and/or any major medical problems: _____

Please provide us with a complete medical history of your pet. We maintain a written copy of problems and treatments as well as a computerized reminder system that automatically sends your pet a reminder about annual vaccinations, fecal exam and heartworm test. The state of Florida requires that we maintain a record of your pet's medical treatments for a period of 2 years from our last medical record entry. We charge a one-time set-up fee per pet record.

Fee Policy

To help explain our services and fee policies: Our fees and our fee policies are established and are not arbitrary. With a computerized system, you are not charged on fee today and another fee (for the same procedure) some other day. With standardized fees and established fee policies, you can be assured that you are being charged fairly for the service received.

Please note: We are here to provide your pet with the best possible medical care. This includes a preventative health care program designed to either prevent a medical problem or detect it early while it may still be easily treatable. If you have a problem with our hospital or any of our staff, please call it to my attention.

Dan Cowden, D.V.M.

I hereby acknowledge and agree to be responsible for all accrued interest a rate of 18% per annum on any and all outstanding balances. I also understand and agree to be responsible for all legal and collection fees should they be necessary for any outstanding balance. I further agree to pay a \$30 service charge on all checks returned for any reason.

Signature _____ Date _____