



Date: _____
Client #: _____

Welcome to Pilot Knob Animal Hospital!!

Please provide the following information to create your family's medical record:

CLIENT INFORMATION

Name _____ Spouse's Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email _____ Would you like email reminders? Yes No

Would you like an invitation emailed to you for our app and loyalty program? Yes No

Please check the preferred form of contact above.

Alternative Contact/Spouse's Phone _____

PATIENT INFORMATION

Name _____

Canine Feline Other

Breed _____

Date of Birth _____

Color/Markings _____

Male Female Spayed/neutered

Previous Clinic & City _____

Does your pet have an Instagram? We'd love to follow you! _____

Name _____

Canine Feline Other

Breed _____

Date of Birth _____

Color/Markings _____

Male Female Spayed/neutered

Previous Clinic & City _____

Does your pet have an Instagram? We'd love to follow you! _____

REFERRAL INFORMATION

How did you learn about our clinic?

Referred by (name) _____ Internet Drove by Mailer Humane Society Phone Book American Association of Feline Practitioners (AAFP) Other Clinic Other _____



Date: _____

Client #: _____

PHOTO & MEDICAL RELEASE FORM

Please initial the following:

_____ I authorize the distribution of medical record information for continuing education, client education, medical publications, or promotional purposes.

_____ I do not authorize the distribution of medical record information for purposes other than transfer of records between hospitals.

_____ I authorize Pilot Knob Animal Hospital to take pictures and/or videos of me or my pet for continuing education, medical publications, or promotional purposes. PKAH reserves the right to copyright, use, and publish the same in print and/or electronically. I agree that Pilot Knob Animal Hospital may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

_____ I do NOT authorize Pilot Knob Animal Hospital to take pictures and/or videos of me or my pet.

PAYMENT INFORMATION

We accept cash and all major credit cards.

Please indicate your payment preference: Cash Visa MasterCard Discover American Express

Care Credit is accepted on invoices greater than \$400. Two forms of ID are required *by the account holder* at check out. _____ I verify I've read and understand my payment options including the Care Credit restrictions.

I verify that I am the legal owner of the animals identified on this form and am responsible for all medical decisions and payments at the time of service.

I authorize the following person(s) to make medical decisions on my behalf:

No One

Name _____ Phone # _____

Name _____ Phone # _____

Signature: _____ Date: _____