



Client Information Sheet

Name: _____ Partner: _____

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone 1: _____ Name: _____

Phone 2: _____ Name: _____

Email Address: _____

How would you like us to contact you?	Phone	Yes ___	No ___
	Email	Yes ___	No ___
	Text	Yes ___	No ___

Place of Employment: _____ Work Phone: _____

Driver License Number: _____ State Issued: _____

How did you find out about HomeTown Animal Hospital?

(Please check one of the options below)

Humane Society Doctor/Staff Online Pre-Existing
 Advertisement Yellow Pages Other: _____

Do we have your permission to use any photos of you and your pet for display in our clinic or online? Yes ___ No ___

I hereby authorize the doctors of HomeTown Animal Hospital, to examine, prescribe for, and/or perform surgery upon the animal(s) I bring in for care. I agree to pay for all services performed at the time they are rendered.

Signature of Owner/Agent: _____

Date: _____



Financial Policy

This is an agreement between Hometown Animal Hospital, as creditor, and the Debtor named on this form.

In this agreement the words "you", "your", and "yours" mean the Debtor. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we", "us", and "our" refer to Hometown Animal Hospital.

By executing this agreement, you are agreeing to pay for all services and charges that are received.

Payments: All amount owed is due at time of service. We offer special financing through Care Credit, if approved, they offer no interest plans for 6 months if invoice amount exceeds \$200. Unless other arrangements are approved by us in writing, the balance on your invoice is due and payable at time of service.

Delinquencies: For invoices that become past due, we will take necessary steps to collect this debt. If we have to refer you to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Crook County, Oregon.

Finance Charge: A finance charge will be imposed on each item of your account which has not been paid within thirty (30) days of the time of service. The FINANCE CHARGE will be computed at the rate of one and a half percent (1.5%) per month or an ANNUAL PERCENTAGE RATE of eighteen (18%) percent. The finance charge is computed by applying the periodic rate (1.5%) to the "overdue balance". The "overdue balance" is calculated by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied during that time. The minimum finance charge is \$2.00.

Returned Checks: There is a fee (currently \$25) for any checks returned by the bank that will be applied to an invoice that is separate from Paytek Solution. If your check is returned, it may be re-presented electronically. You authorize service charges and processing fees, as permitted by state law, to be debited from the same account by paper or electronically, at Paytek Solution.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

Name of responsible party: _____

Signature: _____

Date: _____ **HTAH Employee:** _____



Patient Information Sheet

Name: _____ DOB: _____ Breed: _____ Color: _____

Dog _____ Cat _____ Horse _____ Female _____ Male _____ Spayed/Neutered: Yes _____ No _____

Allergies: _____

Long term medical problems: _____

Medications/Supplements currently on: _____

Name: _____ DOB: _____ Breed: _____ Color: _____

Dog _____ Cat _____ Horse _____ Female _____ Male _____ Spayed/Neutered: Yes _____ No _____

Allergies: _____

Long term medical problems: _____

Medications/Supplements currently on: _____

Name: _____ DOB: _____ Breed: _____ Color: _____

Dog _____ Cat _____ Horse _____ Female _____ Male _____ Spayed/Neutered: Yes _____ No _____

Allergies: _____

Long term medical problems: _____

Medications/Supplements currently on: _____

Name: _____ DOB: _____ Breed: _____ Color: _____

Dog _____ Cat _____ Horse _____ Female _____ Male _____ Spayed/Neutered: Yes _____ No _____

Allergies: _____

Long term medical problems: _____

Medications/Supplements currently on: _____



Wellness Exam Questionnaire

Pet's Name: _____ Your Name: _____

Your pet's current weight is _____ lbs. This is a change of _____ lbs. from last year.

What diet are you feeding? _____

How much are you feeding? _____

How many times daily do you feed your pet? _____

How often does your pet...

Visit the groomer? _____

Use a boarding kennel _____

Go to daycare _____

What percentage of the time does your pet spend outdoors? _____

Have you noticed any? Itching/Scratching _____ Licking of Feet _____ Skin Growths _____

Scratching at the Ears _____ Smell From Ears _____ Breath Odor _____ Sneezing _____

Coughing _____ Limping _____ Discharge From Eyes/Nose _____

Does he/she have any trouble? Getting Up _____ Climbing Stairs _____ Jumping/Running _____

Has there been any recent? Vomiting _____ Diarrhea _____ Scooting _____

If yes, how long ago and how often: _____

Has there been any change in the frequency of amount of urination? Yes _____ No _____

Has there been an increase in water consumption? Increase _____ Decrease _____ Normal _____

Has there been a change in sleep patterns? Yes _____ No _____

Has your pet had any accidents in the house? Yes _____ No _____

Is there anything else that the doctor should know about?