

WELCOME

WELCOME TO JONES ANIMAL HOSPITAL. THANK YOU FOR GIVING US AN OPPORTUNITY TO CARE FOR YOUR FAMILY PET(S). PLEASE HELP US MEET YOUR NEEDS BETTER BY TAKING A MOMENT TO COMPLETE BOTH SIDES OF THIS INFORMATION SHEET.

DATE: _____

A FILE WILL BE CREATED IN THE NAME OF THE PERSON(S) LISTED BELOW. PLEASE USE THIS NAME WHEN MAKING APPOINTMENTS, EXAMPLE: SMITH, JOHN & JOAN

NAME: _____
First Name Last Name

PLEASE LIST THOSE THAT MAY AUTHORIZE MEDICAL PROCEDURES AND SUBSEQUENT CHARGES. FOR CHILDREN UNDER 18, PLEASE LIST THEIR AGES. This does not imply that named individuals may charge services.

HOME ADDRESS: _____ APT. # _____
Sorry, no P.O. Boxes

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

MAILING ADDRESS: _____ APT. # _____

CITY: _____ STATE: _____ ZIP CODE: _____ - _____

PRIMARY TELEPHONE: () _____ [] Cell [] Landline

SECONDARY PHONE: () _____ [] Cell [] Landline

EMERGENCY TELEPHONE: () _____ [] Cell [] Landline

WORK TELEPHONE: () _____

E-MAIL: _____

EMPLOYER'S NAME AND ADDRESS (PRIMARY): _____

EMPLOYER'S NAME AND ADDRESS (SPOUSE/OTHER): _____

WE WILL GLADLY PREPARE WRITTEN ESTIMATES FOR SERVICES WHEN REQUESTED. ALL FEES ARE DUE AT THE TIME OF SERVICE.

PAYMENT TYPES ACCEPTED ARE: CASH, DEBIT, VISA, MASTERCARD, DISCOVER AND AMEX

*PLEASE NOTE... WE ARE NO LONGER ABLE TO ACCEPT CHECKS

We will ask to see identification on first visit if you are using a Debit or Credit Card

*IDENTIFICATION/DRIVERS LICENSE #: STATE _____ NUMBER _____

*(required for Care Credit Applications and any delayed payment programs)

TO PREVENT THE SPREAD OF DISEASE AND PARASITES, HOSPITALIZED AND BOARDED PETS MUST BE CURRENT ON ALL VACCINES AND FREE OF PARASITES. *JONES ANIMAL RESERVES THE RIGHT TO REFUSE SERVICE TO THOSE WHO ARE UNABLE TO MEET THOSE REQUIREMENTS.*

JONES ANIMAL HOSPITAL IS PROUD TO SERVE THE PET CARE NEEDS OF THE PUGET SOUND. OUR WELL TRAINED STAFF WILL TREAT YOUR PET AS A MEMBER OF OUR FAMILY, AND WILL OFFER THE SERVICES YOUR PET REQUIRES. ALL PROFESSIONAL FEES ARE DUE AT THE TIME OF SERVICE. DEPOSITS MAY BE REQUIRED FOR ANTICIPATED EXTENSIVE HOSPITALIZATION. WHILE EMERGENCY FINANCIAL ARRANGEMENTS MAY BE DISCUSSED, ELECTIVE SERVICES MAY NOT BE BILLED.

SIGNATURE: _____

Is there someone we can thank for referring you to *Jones Animal Hospital*? _____

Staff use only:
Computer entry by: _____

	PET #1	PET #2	PET #3
NAME OF PET			
SPECIES(CAT/DOG/OTHER)			
BREED			
DESCRIPTION (COLOR)			
AGE IN MONTHS OR YEARS			
DATE OF BIRTH			
HOW DID YOU ACQUIRE PET? Breeder/Stray/Rescue/Friend			
LENGTH OF TIME OWNED			
FEMALE OR MALE SPAYED OR NEUTERED			
HOURS SPENT OUTSIDE EACH DAY			
VACCINATIONS(DATES ADMINISTERED)			
DHLPP-CV(DOG) FVRCP(CAT)			
RABIES			
BORDETELLA (DOG)			
FELINE LEUKEMIA (CAT)			
LYME (DOG) FIP (CAT)			
OTHER VACCINES			
FELINE LEUKEMIA TEST (CAT)			
HEARTWORM TEST			
HEARTWORM PREVENTION			
DIET (KIND OF PET FOOD)			
SUPPLEMENTS			
CURRENT MEDICATIONS			
FLEA PRODUCTS USED (TYPE)			
PREVIOUS MEDICAL HISTORY			
LAST FECAL PARASITE EXAM			