



McKillip Animal Hospital

New Patient Form

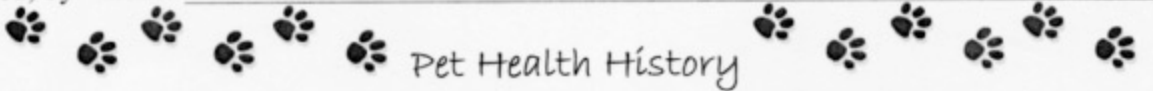


Client Information

Owner(s) _____ Secondary name _____
 Address _____ Apt _____
 City _____ State _____ Zip _____
 Home Phone _____ Work phone _____ Cell Phone _____
 Emergency Contact Name _____ Home phone _____

Are you this pet's owner? _____
 How did you learn of our clinic? Yellow pages Recommendation Hospital Sign
 Internet Other _____

If recommended, by whom? _____

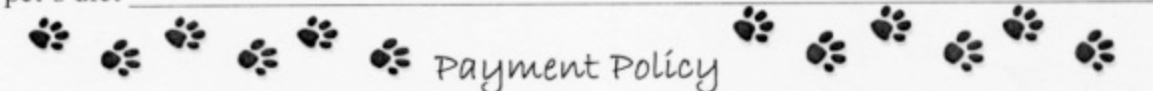


Pet Health History

Name of pet _____ Dog Cat Other _____
 Breed _____ Color _____ DOB _____
 Male Neutered male Female Spayed female
 Previous veterinarian(s) where past records could be obtained if necessary _____

Pet's current medications _____

Describe your pet's diet _____



Payment Policy

All bills must be paid when services are rendered. We do not bill. We accept all major credit cards including Care Credit. Personal checks are welcome when accompanied by a Driver's License. If you have any questions regarding your payment today, please discuss it with a receptionist before seeing the Doctor.

How do you plan on paying today? Cash Credit Card Personal Check (Please circle one)

By signing below, I authorize McKillip Animal Hospital to examine the above named animal. I understand that I assume responsibility for the balance of all services performed today.

Signature of owner _____ Date _____

