

# Welcome to Mahomet Animal Hospital

Office Use Only:

- New
- MK
- Existing

## Owner Information

*Payment is required when services are rendered.*

Owner \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
 Spouse \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_  
 E-Mail \_\_\_\_\_

We will only use your e-mail for reminders and client information (i.e. test results)

Driver License # \_\_\_\_\_ 65 or older/military/veteran? \_\_\_\_\_

Previous Veterinarian/Clinic \_\_\_\_\_

May we request records from the above listed location? YES \_\_\_\_\_ No \_\_\_\_\_

How did you hear about us?

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Hospice Hearts | <input type="checkbox"/> Friend/Family   | <input type="checkbox"/> Google+      |
| <input type="checkbox"/> CCHS           | <input type="checkbox"/> Previous Client | <input type="checkbox"/> Website      |
| <input type="checkbox"/> Phone Book     | <input type="checkbox"/> Search Engine   | <input type="checkbox"/> Facebook     |
| <input type="checkbox"/> Homepages      | <input type="checkbox"/> Yelp            | <input type="checkbox"/> Other: _____ |

## Pet Information

Name \_\_\_\_\_ Breed \_\_\_\_\_ Dog / Cat Microchipped? Y/N  
 Color \_\_\_\_\_ DOB/Age \_\_\_\_\_ Male/Female Spay/Neutered? Y/N

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Are any of your pets on medication (list)? \_\_\_\_\_

Are any of your pets allergic to medication/vaccines (list)? \_\_\_\_\_

Do any of your pets have any major medical problems (list)? \_\_\_\_\_



We offer 15% discount for Military/Veterans, Senior Citizens, and Service Dogs.  
 Any returned checks will result in a \$25 service charge.  
 We accept check, cash, Visa, MasterCard, Discover, American Express, and Care Credit.  
 Account balances will be charged \$1 statement handling fee & 2% interest monthly.



Signature

Date