

Welcome to the Animal Hospital of Chetek!

Thank you for choosing our hospital for your pet's health care. So that we may become better acquainted, please carefully complete the following information. If you have any questions, please do not hesitate to ask.

We look forward to working with you in maintaining your pet's health!

Client Information

➤ Your Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Best phone # to reach you: _____ Alternate Phone # _____

Your driver license or SS # _____ & DOB ____/____/____

Your Place of Employment _____ City of Employment _____

Work phone #'s _____

➤ Spouse/Co-owner _____ Phone # _____

Spouse/Co-owner's driver license or SS# _____ & DOB ____/____/____

➤ How did you learn about our practice? Phonebook (which book?) _____ Website

Drive by/Hospital sign Friend/Family member - Who may we thank? _____

Pet Information

To prevent the spread of infectious diseases, all hospitalized or boarding patients must be current on all vaccines and free from internal and external parasites. Your signature below authorizes this level of preventive care and charges.

1) Pet's Name _____ Dog Cat Bird Ferret Reptile Other _____

Breed _____ Age _____ OR DOB _____ Male Neutered Female Spayed

Where did you get your pet? _____ Previous Veterinarian/City & State _____

2) Pet's Name _____ Dog Cat Bird Ferret Reptile Other _____

Breed _____ Age _____ OR DOB _____ Male Neutered Female Spayed

Where did you get your pet? _____ Previous Veterinarian/City & State _____

We love to show off our patients. Please check this box to authorize the Animal Hospital of Chetek to use your pet(s) image on our website.

We are proud to offer your pet(s) access to our exclusive online store. The online store is a place to purchase products and medications and have them delivered to your home. Items purchased on the online store are fully backed by the Animal Hospital of Chetek, and may be returned at this location if need be. There is no registration charge, and you are in no way obligated to ever use the store. Check this box if you would like us to register your pet(s) for access to our online store.

All professional fees are due at the time of services rendered. We will gladly prepare a written estimate of service fees if you desire. In cases of extensive medical or surgical procedures where full payment may be difficult at discharge, we accept major credit cards and Care Credit. There will be a service charge on all returned checks.

I accept full responsibility and agree to pay any & all charges incurred including service fees & collection fees. I understand and agree to the terms and have filled out the above information to the best of my knowledge.

Signature of person responsible for payment _____ Date _____