

# Estrella Animal Hospital, Inc.

[www.eahvets.com](http://www.eahvets.com)

Owner and Patient Information for Doctor

Welcome to our practice! Thank you for giving us the opportunity to care for your pet. Please help us to meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. Please fill out the forms below.

<b>Owner Information</b>			
Last Name:	First Name:	Date of Birth:	
Co-owner Last Name:	Co-owner First Name:	Date of Birth:	
Address:	City:	State:	Zip:
E-Mail Address:	Home Phone:	Client Number:	
Employer:	Work Phone:		
Co-Owner Employer:	Work Phone:		
Emergency Phone:	How were you referred to us? Personal referral (Name)		

<b>Pet Information</b>					
Name:	Breed:	M <input type="checkbox"/>	F <input type="checkbox"/>	Age:	Birth Date:
Color/Markings:		Sterilized: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are this pet's vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Is this pet microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide number:					
Is your pet on any medication or special food? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please describe:					
Has this pet traveled out of the area within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where					
Describe any difficulties this pet may have during the examination (biting, whining, scratching, etc):					
Please describe any health problems this pet has experienced in the past (describe when):					

Name:	Breed:	M <input type="checkbox"/>	F <input type="checkbox"/>	Age:	Birth Date:
Color/Markings:		Sterilized: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are this pet's vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Is this pet microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide number:					
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## Pet Information (continued)

Name:	Breed:	M <input type="checkbox"/>	F <input type="checkbox"/>	Age:	Birth Date:
Color/Markings:		Sterilized: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are this pet's vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Is this pet microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide number:					
Is your pet on any medication or special food? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:					
Has this pet traveled out of the area within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where					
Describe any difficulties this pet may have during the examination (biting, whining, scratching, etc):					
Please describe any health problems this pet has experienced in the past (describe when):					

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Color/Markings:		Sterilized: <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Is your pet on any medication or special food? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:					
Has this pet traveled out of the area within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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Please describe any health problems this pet has experienced in the past (describe when):					

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Color/Markings:		Sterilized: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are this pet's vaccinations current? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
Is this pet microchipped? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide number:					
Is your pet on any medication or special food? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:					
Has this pet traveled out of the area within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where					
Describe any difficulties this pet may have during the examination (biting, whining, scratching, etc):					
Please describe any health problems this pet has experienced in the past (describe when):					

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist). This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept Master Card, Visa, American Express, Discover or your personal check. There will be a \$25.00 service charge for any check returned unpaid.

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FINANCIAL RESPONSIBILITY: I understand that I will be expected to pay for services at the time of each visit. I further agree to pay all finance charges, collection costs, attorney fees, and other costs that may be incurred to enforce collection on any amounts outstanding.

To prevent the spread of infections diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Name:	Signature:	Date:
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