

Cologne Animal Hospital Client Information

Owner's name _____ Spouse/other _____
Address _____
City _____ State _____ Zipcode _____
Home phone _____ Cell phone _____
E-Mail address _____
Would you rather receive reminders, messages, up-dates thru e-mail? Yes _____ No _____
Your employer _____ Work phone _____
Spouse's employer _____ Work phone _____
In case of emergency, who should we contact and leave message with? _____

Pet's name _____ Date of birth _____
Dog Cat Ferret Rabbit Other
Breed _____ Color&markings _____
Male Female Spayed or Neutered yes no

List any past health problems.

What flea/tic products & heartworm medications are you using on this pet?

List any medications including herbals and vitamins that you are giving this pet.

What are you feeding this pet? _____
What other pets do you have? _____
How did you hear about us? _____

I understand that payment must be made at time of services. We do not bill or accept payment plans. Payment can be made via Cash, Visa, Master Card, Discover, American Express or Care Credit. It is our policy not to bill.

Payments made via *check* will require this additional identification and information.

Drivers License _____

Social Security _____

Owner is responsible to pay any debts, including all collection and or attorney fees incurred to collect past due bills. Past due bills are subject to interest charges at the rate of 1 ½% per month.

Date _____

Signature _____