



Billings Animal Family Hospital

PATIENT/CLIENT INFORMATION

Welcome to Billings Animal Family Hospital. Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by completing both sides of this information sheet.

Your Name/Title _____ Spouse/Partner _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell phone _____ Work Phone _____

Your Email Address _____ Spouse/Other Email _____

We use e-mail for pet portal access, newsletters, reminders, client education and other notifications. We NEVER sell email addresses.

Spouse/Partner Cell Phone _____ Spouse/Partner Work Phone _____

Your Employer _____ Spouse/Partner Employer _____

Your Driver's License Number _____ State _____ (if you wish to pay by check)

In case of EMERGENCY, please call _____ @ Telephone _____

Do you prefer email/electronic communications over paper? Y N Both

Would you like to receive text message reminders of appointments? Y N At which number? _____

How did you first learn of our hospital? We would like to thank any individual who referred you.

Hospital Sign Yellow Pages Ad Friend/Co-worker/Relative Internet Other

Referred by _____

At your request we will gladly discuss cost of services and prepare a written treatment plan for procedures.

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

We accept cash, local checks, debit cards, VISA, MasterCard, Discover and American Express

We also offer CARE CREDIT Payment Plans. Please ask if you would like to apply.

I agree to be responsible for authorizing procedures and/or paying for services

SIGNATURE _____ DATE _____

Please List Individual Pet Information on the Back of This Form

ANIMAL IDENTIFICATION AND MEDICAL INFORMATION

	PET # 1	PET # 2	PET # 3
Name			
Cat or Dog?			
Breed			
Description/color			
Age			
Date of Birth			
Sex – Spayed/Neutered?			
Length of Time Owned			
How Obtained?			
Previous Hospital/Vet			
Microchip #			
Vaccinations			
DHPP			
Bordetella			
Rabies			
FVRCP			
FELV			
Any Other Vaccines?			
Groomer			
Kennel			
Current Medications			
Special Diet			
Prior Illness/Accidents			
Prior Surgery/Dentistry			

Details for any of the above

What is the reason for your visit today?

Any other questions/concerns/comments?

Thank you and Welcome to the Practice

Please visit our Website at www.Billingsanimalfamilyhospital.com and our Facebook page