



Internal Use Only

Client ID: _____
<input type="checkbox"/> Copy of DL
<input type="checkbox"/> Form Completed
<input type="checkbox"/> Scanned
<input type="checkbox"/> Medical Hx Received If no, PT created
Initials: _____

NEW CLIENT INFORMATION

Thank you for the opportunity to care for your pet.
Please help us best meet your needs by completing this sheet.

Owner/Agent Information

First Name: _____ Last Name: _____
 Spouse/Partner First Name: _____ Last Name: _____
 Address: _____ Apt. #: _____ City/State/Zip: _____
 Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____
 Email Address: _____

Do you have insurance for you pet(s)? Yes No If yes, name of insurance: _____

****Please provide our receptionists with a copy of your drivers license****

Patient Information

Pet Name: _____ Species: _____ Breed: _____
 Color: _____ Birthdate: _____ Age: _____ Sex: _____
 Vaccinated within the last year? Yes No Spayed/Neutered? Yes No

Emergency Contact

Name: _____ Phone #: _____

<p>Are you here because you've been referred to us by your current veterinarian? Yes No <i>If yes, please continue on to the green Referral form starting with your current veterinarian information.</i></p>
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Medical History

Please provide staff with a copy of your pet's records

Pet origin: Humane Society Pet Shop Breeder Stray Individual (Nonbreeder)

How did you hear about us?

Internet Drove/Walked By Client:
 Yelp Humane/Rescue Employee:
 Mailer/Postcard Phone Book Other Doctor/Hospital:
 Other: _____

PLEASE SIGN THE BACK OF THE FORM



CALUSA
VETERINARY
CENTER



Insurance Policy

It is the policy owner's responsibility to fill out and submit all forms for claims direction to your insurance company for payment to the policy holder.

If you are a pet health/medical insurance policy holder, we advise you to bring a blank insurance claim form, required by your company, to your appointment. Please ask your doctor to fill out the appropriate diagnosis and you should mail or fax your form back to your insurance company.

As a courtesy, one of our staff members will fill out your claim form for you, however, please allow 7 – 10 days for processing since we are dealing with a very heavy volume of insurance claims.

Payment Policies

A written estimate/treatment plan can be provided for your pet today upon request. All professional fees are due at the time services are rendered. We accept the following forms of payment: Cash, Personal Check, Visa, MasterCard, American Express, Discover and CareCredit.

Any delinquent accounts deemed uncollectible may be sent to a collection agency or attorney for recovery of the balance owed plus reasonable collection and/or court costs, attorney's fees, interest, and/or billing fees. A \$6.00 billing fee will be applied to overdue accounts. A bank fee of \$35.00 will be charged on returned checks.

Signature

Date

Office Use Only: