

## NEW OR RETURNING CLIENT/PATIENT INFORMATION FORM

Welcome to the Hickman Mills Animal Hospital. Please fill out this form <u>completely</u> to help us get to know you and your pet(s), and help us serve you better.

\*\*\*\*In order to avoid any misunderstanding, it is important that you know you will be charged, at the minimum, an office visit/examination fee for today's visit. We do not accept personal checks as payment during your first 30 days as a new or returning client. We do accept cash, most major credit cards, and Care Credit as payment. Payment must be made today, at the time services are rendered.\*\*\*\* I have read and agree to the above.

Owner's name	Spouse/ot	her	
Address			
City			
Telephones: Home( ) -	Work( )	- Mobile(	) -
**Email address: Your email address will be used for a You will be asked to furnish a photo	ID to be photocopied fo	r our files. If you would r	
will not be able to accept a personal <u>PET(</u> S	·	the back if more space is	s needed)
Pet's Name	Species	Breed	
Sex Neutered/Spayed?	Age	Color(s)	
Pet's NameS <sub>1</sub>	pecies	Breed	
SexNeutered/Spayed?	Age	Color(s)	
Has your pet had baseline bloodwork	completed in order to e	stablish normals for him/	/her?
Which Heartworm Preventative do y	ou use?,	Which Flea/Tick Preve	ntative?
Please tell us how you learned about (If you were referred to us by one of	Hickman Mills Animal our clients, please share	Hospital?their name with us so that	at we may thank them pers
**** If you provided us your owail s	11 .11 .		EDEE Dada Dana and in 40

\*\*\*\*If you provided us your email address you will receive an invitation to access a **FREE Petly Page** within 48 hours. This will give you 24/7 access to vaccine records, text and email reminders, you can request medical, grooming, or lodging appointments, have access to lab reports, refill scripts, and much more!! Nothing to buy/always free.\*\*\*\*