



NEW OR RETURNING CLIENT/PATIENT INFORMATION FORM

Welcome to the Hickman Mills Animal Hospital. Please fill out this form completely 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. 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 with the above.

SIGNATURE REQUIRED - - - _____

Owner's Name _____ Spouse/Other_____

Address_____

City_____ State_____ Zip code_____

Primary Contact Number: _____ Secondary Contact Number: _____

****Email address:** _____

Your email address will be used for reminders/health care ONLY. It will never be sold or shared for marketing purposes.

PET(S) INFORMATION (please use back if more space is needed)

Pet's name _____ Species _____ Breed _____

Sex _____ Neutered(male)/Spayed(female)? _____ Color(s) _____

Pet's name _____ Species _____ Breed _____

Sex _____ Neutered(male)/Spayed(female)? _____ Color(s) _____

Where was your pet last seen for veterinary services? _____

Has your pet had baseline bloodwork completed in order to establish normals for him/her? _____

Which heartworm preventative do you use? _____, Which flea/tick preventative? _____

Please tell us how you learned about Hickman Mills Animal Hospital? _____

(If you were referred to us by one of our clients, please share their name with us so that we may thank them personally.)

****If you provide us your email address, you will receive an invitation to access a **FREE PetDesk App** within 48 hours. This will give you 24/7 access to vaccine records, text and email reminders, you can request medical appointments, have access to lab reports, refill scripts, and much more?? Nothing to buy/always free.****

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