

"The People Who Care"



AMHERST  
ANIMAL  
HOSPITAL

2330 Amherst  
Butte, Montana 59701  
www.amherstanimalhosp.com



**PATIENT AND CLIENT INFORMATION SHEET**

**Thank you for giving our hospital the opportunity to care for your pet. So that we may be better able to meet your needs, please complete the following:** (Please Print Legibly)

**CLIENT INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Spouse's Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Spouse's Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Spouse's place of employment \_\_\_\_\_

If necessary, may we call you at work?  Yes  No Best time to reach you \_\_\_\_\_

Email \_\_\_\_\_ (To participate in our Pet Portal Program)

How did you become aware of our clinic?  Drove by  Yellow Pages  AAHA Referral  
 Individual (whom may we thank?) \_\_\_\_\_  Other \_\_\_\_\_

PATIENT INFORMATION	Pet #1	Pet #2	Pet #3
NAME			
SPECIES	DOG / CAT	DOG / CAT	DOG / CAT
BREED			
DATE OF BIRTH			
COLOR			
SEX	M / F	M / F	M / F
SPAYED OR NEUTERED?			
LAST VACCINATION DATE			
LAST FECAL DATE			

Any previous serious illnesses or surgeries? \_\_\_\_\_

Any allergies to vaccinations or medications?  No  Yes

If yes, please explain \_\_\_\_\_

Is your pet on any special diets or medications?  No  Yes

If yes, please explain \_\_\_\_\_

What do you feed your pet? \_\_\_\_\_

**We hope you are pleased with our services  
We would appreciate your letting us know how we might improve them.**

## Financial Policy

- All services must be paid at the time of service. We accept cash, personal checks, VISA, MasterCard, Discover Card, American Express, debit cards and CareCredit.
  - A minimum of 50% of an estimate is required as a deposit for all major surgery and/or hospitalization at the time of admittance to the clinic.
  - Emergency cases taken in after hours require a minimum of a \$300.00 deposit at the time of admittance to the clinic for intensive therapy to begin.
  - Monthly payments may be made through CareCredit. An application must be completed and approved by the bank prior to your pet's discharge. There is no application fee and no down payment required. There are interest free options available. Contact our client services for more information on CareCredit.
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- I request that Amherst Animal Hospital's doctors and staff perform the services which are necessary for the examination and medical treatment of the animal(s) presented by me. I am the owner or agent for the owner of the described animal(s) and have the authority to execute this consent. I am at least 18 years of age.
- I understand a written estimate will be provided at my request.
- **I assume financial responsibility for all the charges incurred to the patient for services rendered and understand that full payment is required upon discharge.**
- I prefer to pay by:  
 Cash       Check       Credit Card/Debit Card       CareCredit

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

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Signature of Owner or Responsible Agent

Date