



KOWALIGA
VETERINARY
CARE

PATIENT/CLIENT INFORMATION

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

HOME PHONE # _____

CELL PHONE # _____

WORK PHONE # _____

EMPLOYER _____

SPOUSE'S NAME _____

SPOUSE'S CELL PHONE # _____

In addition to phone calls and postal mail, we also like to communicate with our clients via e-mail. Please provide us with your e-mail address so we may send you important health information regarding your pet. Be confident that we will keep your e-mail address private, just as we do the rest of your account.

How did you become aware of our hospital? _____

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. BY SIGNING, I AGREE THE ABOVE INFORMATION IS CORRECT AND IS A LEGAL AND LAWFUL DEBT. SHOULD IT BECOME NECESSARY TO FORWARD THE ACCOUNT FOR COLLECTION, I AGREE TO BE RESPONSIBLE FOR ANY/ALL COLLECTION COSTS, ATTORNEY FEES, AND/OR COURT COSTS. I WAIVE NOW AND FOREVER MY RIGHT OF EXEMPTION UNDER THE LAWS OF THE CONSTITUTION OF THE STATE OF ALABAMA AND ANY OTHER STATE.

DATE _____

SIGNATURE OF OWNER _____

Please bring this form with you for your first visit to our clinic. Please answer all questions to the best of your ability. We look forward to serving you and your pet(s).

PET'S INFORMATION	PET #1	PET #2	PET #3	Pet #4
Pet's Name				
Species				
Breed				
Color				
Date of Birth				
Age				
Sex				
Spayed or Neutered?				
Length of Time Owned				
Vitamins				
Diet (kind of pet food)				
Grooming Products Used				
Flea Prevention Used				
Heartworm Prevention Used				
Name of Former Clinic				
Phone # of Former Clinic				
Prior Illnesses				
Prior Surgeries				
Last Dental Cleaning				
Allergies?				