



Blue Skies Veterinary Hospital

Serving with honesty, dedication and compassion

Client Information

Name _____ Date _____

Co-Owner's Name _____

Address

Contact Numbers
Home _____
Work _____
Cell _____
Co-Owner _____

Driver's License #/State _____ Employer _____

How did you hear about Blue Skies Veterinary Hospital?

Drove By/Location ___ Internet/Website ___ Other _____

Friend/Family ___ (please list so that we can thank them) _____

The State of North Carolina requires us to notify you that continuous medical care is not available at this facility from 5 p.m. to 7:30 a.m. Monday through Friday and from 12 p.m. Saturday until 7:30 a.m. the following Monday. If we feel that your pet needs continuous care during these hours, we will notify you and make arrangements to transfer your pet to After Hours Emergency Veterinary Clinic in Hickory. In case of an emergency, we will attempt to contact you to discuss and get permission for treatment. If we can not reach you in a timely manner, we will act in the best interest of your pet.

Financial Policies:

We will gladly prepare and estimate upon request. **All fees are due at the time services are rendered**, and a deposit may be required before services are performed. **We accept cash, checks, Visa, MasterCard, and Discover.** We reserve the right to charge a fee for missed appointments or appointments that are cancelled with less than 24 hours ce.

I understand that any balance due must be paid at discharge. I am also responsible for an additional fee if a check is returned due to insufficient funds or an invalid account. In the event that this account is referred to an attorney for collection, whether or not a suit is brought, the undersigned agrees to pay any and all costs associated therewith, including attorney's fees of 33% of the outstanding balance due, together with interest thereon at the rate of 18% per annum.

Client's Signature

Printed Name

Date



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New Patient Information

Pet Name _____ Owner _____ Species _____

Breed _____ Date of Birth _____ Kings _____

Sex _____ Spayed or Neutered? [] Yes [] No

Any known allergies to vaccinations or medication? _____

Any previous serious illnesses or surgeries? _____

Is your pet taking any medications on a regular basis? _____

Any behavioral problems or questions? _____

Are there any other pets in the home? _____

PLEASE USE THE SPACE BELOW TO INDICATE DATE OF LAST VACCINATION OR ADMINISTRATION

For Dogs	Date	For Cats	Date
Distemper/Parvo (DHPPC)		Distemper (FVRCP)	
Bordetella		Feline Leukemia/ FIV Test	
Rabies (1 or 3 yr)		Rabies (1 or 3 yr)	
Leptospirosis		Feline Leukemia	
Lyme			
Heartworm/Lyme/E.Canis Test			
Fecal Examination		Fecal Examination	
Deworming		Deworming	

Pet Name _____ Owner _____ Species _____

Breed _____ Date of Birth _____ Kings _____

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