

## Blue Skies Veterinary Hospital

Serving with honesty, dedication and compassion

## **Client Information**

Owner's Name			_ Date
Co-Owner's Name		<del></del>	
Address		Cell	ers
Driver's License #/State		Employer	
Email Address		_	
How did you hear about Blue	e Skies Veterinary	Hospital?	
Drove By/Location Inte	ernet/Website	Other	<del></del>
Friend/Family (please list	so that we can than	k them)	
The State of North Carolina requires p.m. to 7:30 a.m. Monday through Fr that your pet needs continuous care to After Hours Emergency Veterinary discuss and get permission for treatn your pet.	iday and from 12 p.m. S during these hours, we v / Clinic in Hickory. In cas	aturday until 7:30 a.m. will notify you and make se of an emergency, we	the following Monday. If we feel arrangements to transfer your pe will attempt to contact you to
Ownership Identification Policy: I understand that Blue Skies Veterina identification purposes, and that it is for veterinary services. If it is determined Blue Skies Veterinary Hospital to concorning the animal.	their policy to scan pets ined that an animal is ov	for the presence of a m vned by or registered to	icrochip at the time they present another individual, I authorize
Financial Policies: We will gladly prepare an estimate up may be required before services are reserve the right to charge a fee for rootice.	performed. We accept	cash, checks, Visa, Ma	asterCard, and Discover. We
I understand that any balance due m returned due to insufficient funds or a collection, whether or not a suit is broincluding attorney's fees of 33% of thannum.	an invalid account. In the ought, the undersigned a	e event that this accoun agrees to pay any and a	t is referred to an attorney for ill costs associated therewith,
Client's Signature	Printed Name		Date



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## New Patient Information

Pet Name	Owner	Species			
Breed	Date of Birth	· · · · · · · · · · · · · · · · · · ·			
Sex		Spayed or N			
Any previous serious illnesses Is your pet taking any medica Any behavioral problems or q	s or surgeries? ations on a regular basis? westions?				
	CE BELOW TO INDIC		OF LAST VACCINATION OR ADMINISTI	1	
For Dogs		Date	For Cats	Date	
Distemper/Parvo (DI	HPPC)		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	<del></del>	Color/Markings		
Sex		Spayed or Neutered? [ ] Yes [ ] No			
Any previous serious illnesses Is your pet taking any medica Any behavioral problems or q Are there any other pets in the	s or surgeries? ations on a regular basis? westions? e home?				
	CE BELOW TO INDIC		OF LAST VACCINATION OR ADMINISTI		
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				
ecal Examination Fecal Examination		Fecal Examination			
Deworming			Deworming		