



Caring Hands Animal Hospital

1541 W US HWY 90
Lake City, FL 32055
386-752-8899



Welcome to Our Practice

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share important information we will need as we support your pet's needs today and in the future. PLEASE PRINT IN ALL SPACES:

Owner name: _____ Spouse/other: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Spouse Employer: _____ Phone: _____

Email: _____ @ _____

Previous veterinarian name and Phone: _____

****Are you interested in learning more about the importance of dental health in your pet? _____**

****We love social media and occasionally we will have pictures to post that may include you, members of your family, and/or your pet(s). Check here if you would like us to make you and your pet(s) a star of CHAH _____ or Here if you and/or your pet is shy _____.**

We will gladly prepare a written estimate if you desire. This will be important to you since ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. In cases of extensive or surgical procedures, when full payment may be difficult at discharge, we take all major credit cards and Care Credit in advance of treatment. **Although we are unable to accept checks on the first visit there will be a \$30.00 service charge for any check returned unpaid.** *If you are interested in financial assistance with today's visit or future visits please check here _____*

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and appropriate charges will be assessed on the discharge invoice.

Signature of pet owner or responsible party: _____ *Date:* _____

How/why did you select us?

Phone book _____ Newspaper ad _____ Referral by a friend (name): _____ Internet search (which one): _____

Referral by another veterinarian: _____ Radio ad: _____ Drive by: _____

Other: _____

Please enter pet information on the back....

Pet information

Name: _____ Species/Breed: _____ Date of Birth: _____

Sex: _____ Spayed or neutered: _____ Color: _____

Have you or your pets traveled outside of the area? _____ When? _____

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