

# Canyon Lake Veterinary Hospital, P.C.

4230 Canyon Lake Drive Rapid City, SD 57702

Phone (605)348-6510

## PATIENT AND CLIENT INFORMATION SHEET

Thank you for giving Canyon Lake Veterinary Hospital, P.C. the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Owner's Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Spouse's/Other's Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_

City St. Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Spouse's/Other's Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

Spouse/Other Employment: \_\_\_\_\_

Phone: \_\_\_\_\_

If necessary, may we call you at work? Yes \_\_\_ No \_\_\_/Spouse? Yes\_\_\_ No\_\_\_

HOW DID YOU BECOME AWARE OF OUR HOSPITAL?

\_\_\_DEX \_\_\_Gold Pages \_\_\_Yellow Book \_\_\_Internet Search \_\_\_Radio Ad

\_\_\_Personal Recommendation-Who may we thank? \_\_\_\_\_

\_\_\_Other:\_\_\_\_\_

I hereby give consent for the treatment of my pet(s). I can request a written estimate prior to services being rendered. I understand that payment in full is due at time of service.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Animal Medical History (please complete all information for each pet)**

	Pet #1	Pet #2	Pet #3
Name			
Species			
Breed			
Description (color)			
Age (years) or Date of birth			
Sex			
Length of Time Owned			
Altered or Spayed	Yes/No	Yes/No	Yes/No
<b><u>VACCINATIONS</u></b>	<b><u>Date Given</u></b>	<b><u>Date Given</u></b>	<b><u>Date Given</u></b>
Dog			
Distemper/Parvo (DHPP)			
Bordetella (Kennel Cough)			
Rabies			
Heartworm Test/Prevention			
Cat			
Distemper Combination (DRC)			
Feline Leukemia (FELV)			
Rabies			
Feline Leukemia Test			

**Please list any prior medical conditions or surgeries** \_\_\_\_\_

**Where did you acquire your pet?** \_\_\_\_\_

**Is your pet insured? Yes/No**

# Canyon Lake Veterinary Hospital

4230 Canyon Lake Dr. | Rapid City, SD 57702 | Phone 605-348-6510 | Fax 605-348-3682

## Financial Policy

Thank you for choosing Canyon Lake Veterinary Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. Canyon Lake Veterinary Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.

### **Payment Options:**

You can choose from:

- Cash, Check, Visa<sup>®</sup>, MasterCard<sup>®</sup> or Discover Card<sup>®</sup>
- Convenient Monthly Payment Plans<sup>1</sup> from CareCredit<sup>®</sup>
  - o Allow you to begin treatment today and pay over time
  - o Available for any treatment amount
  - o Can be used repeatedly - for your entire family - without having to reapply<sup>1</sup>

### **Deposit & Billing:**

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care, will require a 50% deposit to begin your pet's treatment. We charge \$4.00 monthly on all outstanding account balances older than 30 days. If you have an account 120 days past due, Canyon Lake Veterinary Hospital may relinquish your balance owed to a collection agency.

### **Additional Policy Information:**

Canyon Lake Veterinary Hospital charges \$30 for returned checks. For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

By signing below, you agree to the foregoing terms of payment:

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Client/Owner Signature

Date

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Client/Owner Name (Please Print)

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Pet Name

Breed

<sup>1</sup>Subject to credit approval