

New Patient Form:

Animal Eye Care LLC

236 36TH St., Bellingham WA 98225

Phone (360) 676-7770 Fax (360) 676-7776

Client and Pet Information:

If you are not the owner, what relationship are you to the owner: _____

Pet's Name: _____ Species: _____ Birthdate: _____

Last Name: _____ Breed: _____ Age: _____

Your Name: _____ Color: _____ Weight: (please weigh

Occupation: _____ Sex: _____ your pet) _____ lbs

Partner/Spouse: _____ Neutered: YES NO

Occupation: _____

Phone:

Home: () _____

Business: () _____

Partner/Spouse: () _____

Other/Cell: () _____

Address:

Street: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Referral Information:

Veterinarian: _____

Hospital: _____

Veterinarian: _____

Hospital: _____

Who may we thank for referring your pet?

Name (if different from above): _____

Medical History:

Are there any medications or anesthetics that your pet is allergic to? If so, please list:

Animal Eye Care Financial Agreement and Consent:

- I understand that Animal Eye Care can only provide Ophthalmic Veterinary care for my pet.
- I understand that payment in U.S. funds is required at the time of service. Canadian checks will not be accepted.
- I understand that if I fail to show up for my appointment without 24 hours' notice there is a \$45.00 rescheduling fee, and if I fail to show up for 3 such appointments, that my pet will be referred to another Veterinary Ophthalmology practice and will no longer be accepted as a patient at AEC.
- I understand that a \$45.00 service charge will be added to all NSF checks. All NSF checks not taken care of within 15 days will be turned over to the Whatcom County Prosecuting Attorney's office for collection.

I plan to pay by () cash () check () debit card () credit card [VISA/MC/AmEx/Discover]

Signature

Date

You and your doctor will be provided with a report of your pets' Ophthalmic exam to ensure continuity of care.

We will not examine vicious or aggressive animals. Thank you for completing this form.