



# Eastside Animal Hospital

(931) 381-1888

236 E. Campbell Blvd. • Columbia, TN 38401

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill out this form completely. Thank you.

Please Print

Date \_\_\_\_\_

Owner's name \_\_\_\_\_ Spouse \_\_\_\_\_ Home phone \_\_\_\_\_

Address (no P.O. Box) \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_

SS# \_\_\_\_\_ Drivers License # \_\_\_\_\_ Birth date \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

How did you hear about our hospital: \_\_\_\_\_ Referral Name \_\_\_\_\_

Pet Insurance Carrier \_\_\_\_\_ Paw Points Member YES / NO

**Please circle preferred method of contact:**

Cell Phone    Home Phone    Work Phone    Text Message    Email    Other \_\_\_\_\_

Check box top agree that Eastside Animal Hospital may use photographs of your pet for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising and web/social media content.

I understand that Eastside Animal Hospital does not set up accounts and all services will be paid in full at the completion of each visit. If an unpredictable circumstance/emergency arises and I am not able to pay in full, I understand that I will discuss payment hardship with the doctor at the origin of treatment. I also understand that if my pet has to be hospitalized for any reason, a deposit may be required before treatment can be initiated.

In the event this account is turned over to a collection agency for collection, a fee in the amount of 50% of the unpaid balance will be added.

I certify that I have read the above statement and I agree to the terms and conditions.

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

Please ask if you desire an estimate for diagnostic and/or surgical procedures.



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## PET HEALTH HISTORY

Name of Pet \_\_\_\_\_  Cat  Dog  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Age/Birthday \_\_\_\_\_

Male  Female Neutered/Spayed  Yes  No Date \_\_\_\_\_

Current Medications your pet is taking: \_\_\_\_\_

\_\_\_\_\_

Date of last vaccinations: \_\_\_\_\_ Clinic where vaccines were given: \_\_\_\_\_

Primary reason of visit: \_\_\_\_\_

Please check (v) any symptoms or problems that you have noticed about your pet.

- |   |  |  |                                       |   |
|---|--|--|---------------------------------------|---|
| <input type="checkbox"/> Appetite Loss      | <input type="checkbox"/> Diarrhea      | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Thirst       | <input type="checkbox"/> Coughing           |
| <input type="checkbox"/> Behavioral Changes | <input type="checkbox"/> Eye Disorders | <input type="checkbox"/> Scooting        | <input type="checkbox"/> Vomiting     | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Gagging       | <input type="checkbox"/> Scratching      | <input type="checkbox"/> Limping      | <input type="checkbox"/> Gum Bleeding       |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Sneezing      | <input type="checkbox"/> Weakness        | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Other: _____       |

Prior Surgeries: \_\_\_\_\_

Prior Illnesses: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical/hospitalized treatment.

Signature of responsible party \_\_\_\_\_ Date \_\_\_\_\_



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## Financial Policy

Thank you for choosing Eastside Animal 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. Eastside Animal 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®, MasterCard®, American Express®, Discover Card®

-Convenient Monthly Payment Plans \* from Care Credit®

- Allow you to begin treatment today and pay over a period of time
- Available for any treatment amount
- Can be used repeatedly-for the entire family-without having to reapply \*

For some treatments or hospitalized care, a deposit may be required. Healthcare plans requiring comprehensive care of more than \$500 will require a 50% deposit to begin your pet's treatment.

### Additional Policy Information:

Eastside Animal Hospital charges \$35 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.

**No Show/Cancellation Policy for ALL anesthetic procedures: There will be a charge billed if the appointment is a no show or cancellation is not given within a 24 hour notice.**

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 forgoing terms of payment.

\_\_\_\_\_  
Client/Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Owner Name(please print)

\*Subject to credit approval