

 **Welcome to**   
**Johnsen Animal Hospital**

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you. We look forward to working with you in maintaining your pet's health.

**Client Information**

Name (Last, First) \_\_\_\_\_ Date \_\_\_\_\_  
Driver's License # \_\_\_\_\_ D. O. B. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Spouse or co-owner \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Notify in case of emergency \_\_\_\_\_ Phone Number (s) \_\_\_\_\_  
How did you learn about our practice? \_\_\_\_\_

**Pet Information**

Pet's Name \_\_\_\_\_ (Please circle) Dog Cat Other \_\_\_\_\_  
Age or Birth date \_\_\_\_\_ (months/years) Sex (Please circle): M F Spayed/Neutered: Yes No  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Diet (kind of pet food) \_\_\_\_\_  
Where did you obtain this pet? \_\_\_\_\_ At what age? \_\_\_\_\_  
Pet's history: Check all that pet has received and approximate date (s):  
Dog:  DHPP (Distemper & Parvo) Cat:  Felovac  
 Rabies  Leukemia  
 Bordatella (kennel cough)  Rabies  
 Heartworm test  FIV/FelLV test  
Describe any:  
Prior illness \_\_\_\_\_  
Prior surgery \_\_\_\_\_  
Current medications \_\_\_\_\_  
Reason for pet's visit: \_\_\_\_\_

**Payment**

We will gladly prepare a written estimate of service fees if you desire (please ask our doctor or receptionist). **All professional fees are due at the time services are rendered.** In cases of extensive medical or surgical procedures where full payment may be difficult to discharge, we accept major credit cards and Care Credit. There will be a service charge for any check returned unpaid. Our office visit charges are listed below. Any diagnostics or treatments performed will be at an additional fee.

Comprehensive Exam Fee:	Scheduled \$45	Walk-In \$50
Medical Progress Exam Fee:	Scheduled \$25	Walk-In \$30
Emergency or after normal business hours	\$75	

Please indicate your planned method of payment:

Cash  Check  Credit Card  Care Credit

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

Signature of person responsible for pet(s) \_\_\_\_\_ Date \_\_\_\_\_