

Welcome to Klaich Animal Hospital. We would like to thank you for giving us the opportunity to care for your pet. Our friendly and knowledgeable staff look forward to providing the most compassionate and comprehensive care to you and your animal. To insure the best care possible, please take the time to fill out the client/patient information sheet and read our hospital policies.

Owner Information

Owners Name _____ S.S. or D.L. # _____

Spouse _____ S.S. or D.L. # _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ E-mail Address _____

Your Employer _____ Employer Telephone _____

Spouse's Employer _____ Employer Telephone _____

In case of an Emergency, please call _____ @ Telephone _____

Pet Information

Name _____ Canine Feline Breed _____

Vaccination History _____

Reason for Visit _____

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Vaccination History _____

Reason for Visit _____

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Reason for Visit _____

Initials _____ Incurred charges need to be taken care of at the time of services or upon discharge. We accept cash, checks (there will be a \$30.00 fee for any checks returned back to us unpaid), Visa or Mastercard. We also offer carecredit, an interest free credit card that can be used for all veterinary services. Please feel free to ask any of our staff members about Carecredit or to visit their website follow the link on our home page.

Initials _____ During the hours not specified as “business hours” there are times when hospitalized pets will be unattended. During many of these non-business hours, we have trained staff in attendance who are able to perform duties as instructed by our staff of veterinarians. The veterinarians, themselves, are in the hospital both during and after hours working in hospitalized animals as dictated by the patients needs. Those cases that are in need of constant, critical care and/or monitoring are advised to transfer to a facility that is able to care for those needs. It is up to the owner’s discretion how he/she chooses to comply with the recommendations of the veterinarian caring for their pet. In each and every case we feel our suggestions are always in your pet’s best interest.

I hereby authorize the admitting veterinarian (and his/her designated associates or assistants) to receive, prescribe for, treat or operate upon the above described animal(s). I assume responsibility for all charges that are incurred in the care of the above described animal(s). I also understand that these charges will be paid for at the time of release and that a deposit may be required for patients being admitted into the hospital.

Signature _____

Date _____