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: _____

Pet Insurance Carrier _____ Preferred PetCare 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 _____

Pet Insurance Carrier _____

Current Medications your pet is taking: _____

_____

Date of last vaccinations: _____ Clinic where vaccines were given: _____

Primary reason of visit: _____

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

☐ Appetite Loss	☐ Diarrhea	☐ Loss of Balance	☐ Thirst	☐ Coughing
☐ Behavioral Changes	☐ Eye Disorders	☐ Scooting	☐ Vomiting	☐ Urination Increase
☐ Breathing Problems	☐ Gagging	☐ Scratching	☐ Limping	☐ Gum Bleeding
☐ Depression	☐ Sneezing	☐ Weakness	☐ Shaking Head	☐ 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 $5oo 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.

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