

New Patient Form:

Animal Eye Care LLC

405 32nd St. Suite #103, Bellingham WA 98225

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

Client and Pet Information:

Owner Name: _____

Pet's Name: _____

Last Name: _____

Breed: _____ Birth date: _____

Occupation: _____

Species: Dog, Cat, Other: _____ Age: _____

Partner/Spouse: _____

Color: _____ Today's Weight: _____ lbs.

Occupation: _____

Sex: _____ Spayed/Neutered: YES NO

If you are not the owner: Name: _____

Relationship to the owner: _____

Address:

Phone: (Please indicate if H=home, C=cell or W=work)

Street: _____

Primary: H C W _____

City: _____

Second: H C W _____

State/Province: _____

Third: H C W _____

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: US Cash, Check, Debit, Credit Card (VISA, MC, AmEx, Discover)

Signature

Date

You and your doctor will be provided with a detailed 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.