Chillicothe Animal Clinic, Inc.

Your Other Family Doctors™

1100 Eastern Avenue • Chillicothe, OH 45601 • (740) 773-4133 • www.ChillicotheVets.com

AAHA ACCREDITED
The Standard of Veterinary Excellence

Client Information

Pet Owner:	First	M.I.	Last
Address:	Mailing Address		Apt. Number
	Street Address (If not the same as the Mailing)		
	City	State	Zip Code
Contact Numbers:	Land Line	Work	
Cell Numbers:	Name	Cell Number	Carrier (For Texting)
	Name	Cell Number	Carrier(For Texting)
Email:			

Additional Pet Owner Information

Additional Owner:	First name	Last name
	Phone Number	Relationship

Referral Information

How did you hear about us?	

We are glad you are here!!!

We would like to welcome you to our clinic. **Our Mission** is to provide medical and surgical services to enhance the quality of life for your other family members. In order to provide each patient with the best care possible, our doctors may have to spend more time with a patient than a routine visit would normally require. Patients with complicated problems or emergencies may require extra time. Because of these situations, there is a possibility you may experience a wait. Please know that the doctors will give your pet the same time and care required. Emergency cases will be seen according to the severity of the case.

Payment of Services

I acknowledge that I am at least 18 years of age. I understand all payments are due at the time of service. I may be asked to leave a deposit if my pet is hospitalized or requires extensive care. **No checks will be accepted without a valid, state-issued identification.** An estimate of services will be available upon my request prior to treatment. In life threatening situations, the clinic staff will begin stabilizing care. No further care or diagnostics will be performed without discussing the prognosis and services required with me.

Signature: _____ **Date:** _____

Office Use Only

Date and initial all information is correct at each annual visit. A new form must be completed if there are any changes. If no changes, a new form must be completed every 5 years.

Entered in ClienTrax ☐ _____ _____ _____ _____ _____