

Small Mammal Information Sheet

Owner Info:

Emergency Contact:

Name: _____

Name: _____

Address: _____

Address: _____

Primary Phone: _____ Text: Y or N Primary Phone: _____

_____ Text: Y or N

Secondary Phone: _____ Text: Y or N Secondary Phone: _____

Text: Y or N

email: _____

email: _____

email reminders? Y or N

email reminders? Y or N

Driver's license _____ - _____ - _____ (if writing a check)

• General History:

Name: _____ **Color:** _____

DOB: _____

Species: _____ **Breed:** _____

Gender: M ___ F ___

Fixed: Y or N

Where did you get your pet? Pet Store • Animal Shelter • Breeder • Rescue Group • Other

How long have you had your pet? _____

Have you owned this species in the past? _____

Has your pet ever seen a veterinarian? _____ If yes, when: _____

Has your pet ever been tested for parasites? _____ If yes, when: _____ Results: _____

Are you planning on breeding your pet? _____ If yes, when: _____

Food

Type(s): _____

Feeding

Schedule: _____

Treats? _____ If yes, what? and how often? _____

How is water offered? Bowl Bottle other: _____ Tap water Bottled Filtered

How often do you change water? _____

Is your pet housed with other pets? _____ If yes how many and what type?

What type of bedding does your pet have? Cedar shavings Pine shavings Aspen shavings Towels Carefresh Cat Litter None Other: _____

How often do you clean your pets house? _____ With
what? _____

Whom may we thank for referring you?

Payment Policies:

***** FULL PAYMENT IS EXPECTED AT TIME OF
SERVICE*****

If there remains a balance that cannot be collected at time of service, I understand that it will be subject to the billing policies of the Animal Clinic of East Avenue. This includes balances subject to 10% interest every month and billing charges until a balance is > 3 months and then balance will be subject to a 15% interest charge. Account past due > 3 months will be sent to collections. Late fees will apply to accounts without monthly payments of > 10% of the balance. All fees associated with the collection process, including but not limited to: agency fees, attorney fees, and court costs will become the responsibility of the delinquent party. Any check returned unpaid will incur a \$25.00 fee. After 2 checks have been returned unpaid, payment must be in form of cash, money order or credit card. A charge may be assessed for appointments cancelled without at least 24 hours notice.

*****I acknowledge that I have read, understand and agree to the above listed payment policies. In addition, I agree that accepting service and/or merchandise offered by the Animal Clinic of East Ave.,***

***** I acknowledge and understand acceptance of use of any photographic images are the property of Animal Clinic of East Avenue for representation of company for internet, digital or local representation.***

Signature _____ Date: ____/____/____ Sta
ff _____