



Crossroads

ANIMAL HOSPITAL

* Owner/Name on Account: _____

* Date: _____

* Address: _____

* Phone #1: _____

Phone #2: _____

* Pet name: _____

* Email: _____

New client Current Client

***Reason for today's office visit:**

Wellness Exam & Vaccines

Pre-Surgical Visit

Sick Visit

* Canine / Feline

* Male / Female

* Neutered (Male) / Spayed (Female)

*** Life Style:**

Is your pet 100% Indoors Indoor/Outdoor 100%Outdoor

Is your pet Fenced Penned Leashed Free Roaming

Does your pet go on neighborhood walks or visit parks? Y / N

Does your pet come in contact with wildlife (raccoon, opossum, rodents, deer, etc)? Y / N

Does your pet have access to ponds, creeks, or stagnant water? Y / N

Are there other pets in the house? Y / N If yes, are they Canine / Feline / Both

Their names: _____

***Diet:**

What brand of food does your pet eat? _____

Does your pet eat people food? Y / N

What kind of snacks does your pet eat? _____

Is your pet fed Once Daily Twice Daily Free Choice

***Preventative Care:**

Does your pet receive regular monthly heartworm prevention? Y / N

If yes, what type? _____

Does your pet receive regular monthly flea/tick prevention? Y / N

If yes, what type? _____

Is your pet on any medication? Y / N

If yes, please list: _____

*** Please tell us any other concerns the Doctor may need to asses during today's visit:**

Please continue to next page>>>

OPTIONAL SERVICES OFFERED

These are done upon request ONLY

PLEASE CHECK YES OR NO FOR THE FOLLOWING:

- **Fecal Centrifugation** – This test is a more accurate analysis for intestinal parasites performed at an outside lab to give you more assurance as to possible parasites that might be present.
 - YES** – I would like to have my pet's fecal sent OUT to a lab for an additional cost of \$23.18.
 - NO** – I decline to have my pet's fecal sent out to the lab. Please know that we do an IN-House fecal which is a charge of \$14.00.

- **Microchip Implant** – This implant allows your pet to be scanned upon capture if your pet was to get lost and be traced back to you. This is not a tracking device; however it is more of an Identification Chip.
 - YES** – I would like to have my pet implanted with a Microchip for an additional \$40.70.
 - NO** – I decline to have my pet implanted with a Microchip at this time.
 - MY PET ALREADY HAS A MICROCHIP**

- **Wellness Blood Work** – This is a diagnostic tool that allows the Doctor to detect hidden major factors such as infection, anemia, major organ function, some cancers, etc, before clinical signs may be seen. **This is highly recommended for our senior pets over 8 years of age.**
 - YES** – I would like to discuss Wellness Blood Work panels recommended for my pet during today's visit.
 - NO** – I decline to have Wellness Blood Work done during my visit today.

- ***FELINE OWNERS* Combo Test** – This is an annual test that will test for Feline Leukemia Virus and the Feline Immunodeficiency Virus (FIV). We recommend this for any feline that comes in contact with the outdoor environment or if this is their **FIRST** visit. These viruses are contracted by coming in contact with other felines that are infected and often show no clinical signs.
 - YES** – I would like a Combo Test performed during my visit today for an additional \$49.50.
 - NO** – I decline to have my pet tested today.

- **Nail Trims**
 - YES** – I would like a nail trim for \$15.00
 - NO** - I would rather not have the nails trimmed today.

Crossroads Animal Hospital

25 OAK HILL BLVD | NEWNAN, GA 30265 | Phone (770) 253-1020 | Fax (770) 253-2777

Client Payment Options Form

Thank you for the opportunity to help you meet your pet's healthcare needs.

Crossroads Animal Hospital requires payment in full at the end of the examination and/or at the time of discharge. As a valued client and to ensure your pet receives the best care possible, we are able to make these payment arrangements available for you:

* **Payment Summary:**

- Paying today with:
 - Cash
 - Check (pay in full)
 - Visa[®], MasterCard[®], American Express[®], Discover Card[®]
 - CareCredit[®] healthcare credit card payment option¹

By signing below, you agree to the foregoing terms of payment:

Client/Owner Signature

Date

Client/Owner Name (Please Print)

Pet Name

Breed