

*Please print this form, fill it out and bring it to the hospital at the time of your appointment.*

## Queen City Animal Hospital, P.C.

180 Londonderry Turnpike  
Hooksett, New Hampshire 03106  
623-7269

### Client Information

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Pet Information

Pet's Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_

Age / Birth Date: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male: \_\_\_\_\_ Neutered:  yes  no Female: \_\_\_\_\_ Spayed:  yes  no

### Vaccination History: (Please mark and provide date of last vaccines given.)

Canine Distemper date: \_\_\_\_\_  Feline Distemper date: \_\_\_\_\_

Canine Kennel Cough date: \_\_\_\_\_  Feline Leukemia / Aids test date: \_\_\_\_\_

Rabies date: \_\_\_\_\_  Feline Leukemia Vaccine date: \_\_\_\_\_

Lyme Vaccine date: \_\_\_\_\_

Lepto Vaccine date: \_\_\_\_\_

Heartworm Blood Test date: \_\_\_\_\_ Is your pet currently taking Heartworm Preventative? \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Does your pet show any aggressive behavior toward other people or at veterinary visits in the past? \_\_\_\_\_

### Payment

We will gladly prepare a written estimate if you desire (please ask our doctor). All professional fees are due at the time services are rendered. We accept Cash, Visa, MasterCard, Discover and personal checks as forms of payment. I agree to pay for services rendered at the time the pet is discharged from the hospital or the service rendered. I agree to pay for the reasonable costs of collection and attorney fees in the event that collection efforts become necessary. I understand that a service fee of \$27.00 will be assessed for each non-sufficient fund check. All accounts unpaid after 30 days receive a \$5.00 Billing Charge each month and a late charge computed at a periodic rate of 1.50% per month, which is an annual percentage rate of 18.00% with a minimum monthly charge of \$1.00.

How will you be paying for today's services?  Cash  Check  Credit Card  Care Credit

\_\_\_\_\_  
Signature of client responsible for pet(s)

\_\_\_\_\_  
Date