

**PINION VETERINARY HOSPITAL**  
Patient / Client Information Sheet

**Owner Name (s)** \_\_\_\_\_

Driver's License or ID # \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Email Address \_\_\_\_\_

**Pet's Name** \_\_\_\_\_ **Breed** \_\_\_\_\_

Age / DOB \_\_\_\_\_ Sex \_\_\_\_\_ Neutered / Spayed? \_\_\_\_\_ Color \_\_\_\_\_

**Alternate responsible party (ies):** These individuals will have permission to make medical decisions for your pet. They will have the ability to call and ask the medical status of this pet. Pinion Animal Hospital will not provide any information to persons not listed here, except as permitted by NAC and NRS 638.

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

**Who referred you to our practice so we may thank them?** \_\_\_\_\_

Does your pet have any allergies, illnesses or diseases? Please let us know: \_\_\_\_\_

**If needed can we request medical records from previous veterinarian?** \_\_\_\_\_

Hospital name &/or number: \_\_\_\_\_

**Please read carefully and initial for each one.**

1. I understand that PINION VETERINARY HOSPITAL **does not** bill or offer credit. I expect to pay for any charges incurred when services are rendered. **Initial** \_\_\_\_\_
2. I understand that if I do not pay my account with PINION VETERINARY HOSPITAL in full that my account may be assigned to a collection agency for collection. **Initial** \_\_\_\_\_
3. I understand that if my account is assigned to a collection agency, the collection agency will charge a commission or fee that may be as much as 35 percent of the amount I owe to PINION VETERINARY HOSPITAL. I agree that if my account is assigned to a collection agency, that PINION VETERINARY HOSPITAL may add the amount of the collection agency's commission or fee to the amount that I owe PINION VETERINARY HOSPITAL, and I agree to pay that additional amount. **Initial** \_\_\_\_\_
4. I understand that the addition of a collection agency's fee or commission to my unpaid balance may well result in my owing a sum substantially in excess of the amount owed for (medical/dental) services. I understand, for example, that if the unpaid balance that I owe to PINION VETERINARY HOSPITAL is \$1000, that PINION VETERINARY HOSPITAL may add up to \$280.00 to my account, and I agree to pay the sum of \$1280.00 in such event. **Initial** \_\_\_\_\_
5. I understand and agree that in the event legal action is commenced to enforce my obligations hereunder, that I will pay court costs and reasonable attorney's fee. **Initial** \_\_\_\_\_
6. May we please use photographs of your pet(s) on our social media sites? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**SIGNATURE OF GUARANTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_