



Welcome to Keller Lake Animal Hospital

*Thank you for giving us the opportunity to care for your pets.
So that we may be better able to meet your needs,
please complete the following information.*



Name: _____
Home Phone: _____ **Cell Phone:** _____ **Other Phone:** _____
Email Address: _____
Preferred Method of Contact: _____ Home Phone _____ Cell Phone _____ Other Phone

Spouse/Partner: _____
Home Phone: _____ **Cell Phone:** _____ **Other Phone:** _____
Email Address: _____

Home Address: _____
(Street Address) (Apt#)

(City) (State) (Zip Code)

How did you here about our hospital? (Check all that apply)

_____ Used Our Services Before _____ Yellow Pages _____ Saw Our Hospital _____ Internet Search
_____ Recommended By Friend, Who may we thank? _____

PET INFORMATION

Pets Name _____ **DOB/Age** _____
Sex (circle one): MALE FEMALE **Spayed Or Neutered?** Yes ___ No ___
Breed _____ **Color** _____

Do you have more than one pet? Please list name and species: Example: "Bailey" Dog

Help us learn more about your pet:

Do you have pet insurance? _____
My dog goes to the dog park and plays with other dogs _____
Or My cat goes outside (free roaming, only with supervision) _____
Has your pet been known to bite (please explain) _____
My pet boards at a kennel _____
My pet goes to the groomer regularly _____
My pet is currently/will be attending obedience school _____

Any specific question or concerns you would like us to address at your visit today? _____

Health Records: Previous health care provider: _____
Please indicate date of last veterinary visit/procedure/vaccines given: _____
Any chronic health problems/meds/vaccine reactions: _____

Please turn over ----->

Photo Consent:

We love social media! Do we have your permission to share your pet’s image and story on social media, our website & other forms of related media? Your name and personal information will never be shared.

_____ **Yes. I authorize KLAH to share my pet’s photo & story** _____ **No. I do not authorize this.**

Medical Records Release Policy: Following guidelines set forth by the American Animal Hospital Association (AAHA), and the Minnesota Veterinary Medical Association (MVMA) it is our goal to maintain confidentiality and respect client/ patient confidentiality. In order to comply with the current standard directing the release of your pet's medical records, we must have your written consent to transfer, copy or transmit, either a portion or an account history in its entirety, from our hospital (for example boarding facilities, referral clinics, city officials, ect...).

Consent for the Release of Medical Records I authorize Keller Lake Animal Hospital P.A., to release/disclose my pets: Please Check ONE

- _____ Full Medical Records
- _____ Vaccine History Only
- _____ Do NOT Release Records

I understand that there may be a fee associated with the copying, faxing, mailing and handling of my request.

Client Signature _____ Date _____

Consent for Emergencies/Release of Medical Information:

I give permission for the individuals named below to obtain medical information for my pet(s) and to seek emergency treatment for my pet(s) in the event that I am unable to do so. I understand that, as the owner, I am financially responsible for any and all services rendered.

Name _____ Phone Number _____
 Name _____ Phone Number _____

Terms of Service:

PAYMENT IN FULL is required at the time services are rendered. We accept cash, checks, Visa, MasterCard, Discover, PaymentBanc, and Care Credit as forms of payment.

I, the undersigned, agree to pay for veterinary services in a timely manner. I understand that services on accounts unpaid after 30 days will be charged a monthly service fee. If you have an account 90 days past due, Keller Lake Animal Hospital may relinquish your balance owed to a collection agency. Keller Lake Animal Hospital charges \$30 for returned checks. I agree to be responsible for payment of all collection and attorney fees incurred should this account be submitted for collection.

Client Signature _____ Date _____