



EAGLES LANDING

PET HOSPITAL PLLC

330 W 1st St, Morehead, KY 40351

(606)780-0208, 780-0204 fax 780-0206

NEW PATIENT & CLIENT INFORMATION SHEET

Welcome to Eagles Landing Pet Hospital. So we may provide you with exceptional service, please share information about you and your pet(s). Our mission is to provide our clients with the very best loving, compassionate veterinary health and wellness care from before hello to beyond good-bye. We offer comprehensive veterinary care, professional grooming, and short-term lodging for your best friends.

PATIENT INFORMATION

Pet's name: _____ Sex: ☐ Male ☐ Female Neutered or spayed? ☐ Yes ☐ No

Species: ☐ Dog ☐ Cat ☐ Bird ☐ Ferret ☐ Reptile ☐ Rabbit ☐ Other _____

Pet's Date of Birth (MM/DD/CCYY) ____/____/____ or Age: ____ Breed _____ Color _____

Reason for bringing pet in: _____

Does your pet have any allergies, special medications, or health problems we should know about? ☐ Yes ☐ No

If yes, what? _____

What type of food does your pet eat? _____ Treats? _____

Dates of last vaccinations:

Dogs: DA2PP/rDAPP (Distemper/Adenovirus/Parainfluenza/Parvo): _____ Rabies: _____ Kennel cough: _____

Heartworm test: _____ Is your dog on heartworm preventives? ☐ Yes ☐ No

Cats: FVRCP/RCCP (Feline Rhinotracheitis/Calicivirus/Panleukopenia): _____ Rabies: _____ Feline leukemia: _____

Where were the most recent vaccinations given? _____

Who is your previous veterinarian? _____ Phone (____) _____

CLIENT INFORMATION

First name _____ Last name _____

Spouse first name _____ Spouse last name _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____ Ext _____ Cell (____) _____

E-mail address _____ Employer _____

For check writing privileges, please provide your Social Security # _____ and Driver's License # _____ Exp. _____.

How did you become aware of our hospital?

☐ Referred by friend Whom may we thank? _____

☐ Referred by veterinarian Whom may we thank? _____

☐ Drove by ☐ Facebook ☐ Previous client ☐ Google

☐ Yellow pages

Initial _____ and continue to pg 2



I, the undersigned, do grant Eagles Landing Pet Hospital, PLLC, permission to use my pets' photos, information, and story if applicable, on social media.

Owner/guardian or legal representative (initials for consent) _____

We appreciate payment when services are rendered. For your convenience, we accept cash, verified and/or pre-approved checks, MasterCard, Visa, Discover, and CareCredit.

I have received a copy of ELPH's financial policy and agree to abide by the terms and conditions. I verify that all the information provided is accurate. I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this pet. I understand that these charges must be paid in full at the time of release and that a deposit(s) will be required for admission to the hospital before and/or during diagnostics, treatment or surgery. Unpaid balances will incur monthly finance charges and monthly statement fees, and will be subject to legal action to collect unpaid debts.

This written agreement constitutes the entire agreement between the parties. All agreements and understandings of any character heretofore made and between the parties are contained in this instrument, and no change shall be made to this contract, unless the same shall be in writing and duly signed by the parties hereto;

Upon default or breach of any term or provision of this Contract the aggrieved party may bring a legal action against the offending party for the specific performance of said term or provisions and/or damages. In the event of such default, the parties shall have all other remedies provided by law and the prevailing party shall be entitled to the recovery of attorney's fees and expenses;

Time is of the essence in this contract.

This contract shall be construed pursuant to the laws of the Commonwealth of Kentucky and any action for the enforcement of any term or provision herein shall be brought and maintained in the Rowan Circuit or District Courts;

If any term or provision contained herein is held to be unenforceable by a court of competent jurisdiction, the remaining terms and provisions shall remain in full force and effect.

Signed _____ Date _____



I hereby certify that I am over the age of 18 and legally able to assume all responsibility for this animal.

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