

GAGE ANIMAL HOSPITAL



4000 SW 12th Street • Topeka, KS 66604 • 785-272-8876 • www.gageanimalhospital.com

NEW PATIENT INFORMATION

The doctors and staff would like to welcome you and your pet to Gage Animal Hospital. We appreciate the opportunity to assist you in caring for your pet. Please help us meet your needs by taking a moment to complete the following information:

Pet Owner Information

Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

KS Driver's License #: _____ Home Phone: _____ Cell: _____

Occupation: _____ Employer: _____ Work Phone: _____

E-mail Address: _____

Would you like your reminders to be sent to your e-mail? YES NO

Spouse (Other): _____ KS Driver's License #: _____ Cell: _____

Pet Information:

Pet's Name: _____ DOB: _____ Gender: M MN F FS

Species: Dog Cat Rabbit Breed: _____ Color: _____

Current Diet: _____

Has your pet received vaccinations in the last 12 months? YES NO

Has your pet been checked for worms within the last 12 months? YES NO

Is your pet currently on heartworm preventative? YES NO

Previous veterinarian(s) your pet has been seen by: _____

Authorization:

I assume financial responsibility for all charges incurred in the treatment and care of my pet. I also understand that these charges are payable at the time my pet is released from Gage Animal Hospital and that a deposit may be required prior to medical or surgical treatment.

Signed: _____ Date: _____

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FINANCIAL POLICY

Thank you for choosing Gage Animal Hospital. Our primary mission is to deliver the best and most comprehensive veterinary care available for your pet. An important part of the mission is making the cost of optimal care as easy and manageable for our clients as possible by offering several payment options. ***Gage Animal Hospital requires payment in full at the end of your pet's examination and/or at the time of discharge.***

We will gladly prepare a written fee estimate prior to any treatment. To request a written fee estimate, please ask the receptionist or the attending veterinarian to prepare one for you.

Payment Options:

You can choose from:

- Cash, Personal Check, Visa®, MasterCard®, American Express®, or Discover Card®
- Convenient monthly payment options¹ from the CareCredit® Healthcare Credit Card
 - Allow you to begin treatment today and pay over time
 - Available for any treatment amount
 - Can be used repeatedly – for your entire family – without having to reapply¹

Additional Policy Information:

For clients with pet insurance, we are happy to provide you with the necessary documentation to submit a claim to your insurance carrier.

If you have any questions, please do not hesitate to ask. We are here to provide the best veterinary care available for your pet.

Authorization:

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Signed: _____ Date: _____

Client/Owner Name (Please Print): _____

Pet Name: _____ Species: _____ Breed: _____

¹Subject to credit approval