

# \$10 Gift Certificate

FROM: BLUE SPRINGS ANIMAL HOSPITAL & PET RESORT

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FOR: NEW CLIENT FIRST VISIT

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Present at your first visit along with your completed new client form to receive \$10 off your first visit. We looking forward to meeting you and your pet soon!

Limit 1 per client for 1st visit only, please.



[www.bluespringsanimalhospital.com](http://www.bluespringsanimalhospital.com)

1201 SW US Highway 40

Blue Springs, MO 64015

(816) 229-1544

\* New Client Form Prints On Second Page

Welcome!

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Spouse/other \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email: \_\_\_\_\_

**We will not share or "spam" your email. You will only receive important information related to your pet and your appointments at our hospital.**

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

Employer \_\_\_\_\_ Employer Ph # \_\_\_\_\_

Emergency Contact name/number: \_\_\_\_\_

Why did you choose us? Whom may we thank?

- Personal Referral \_\_\_\_\_
- Website (which one?) \_\_\_\_\_
- Sign/Drove by/Location \_\_\_\_\_
- Yellow Pages (which one?) \_\_\_\_\_
- Used us in the past \_\_\_\_\_
- Petland Other pet store \_\_\_\_\_
- Shelter/Humane Society \_\_\_\_\_
- Community event \_\_\_\_\_
- Other \_\_\_\_\_

**Pet Information**

Pet Name	Species? Dog/Cat/Other	Male or Female?	Spayed or Neutered?	Breed and Color?	Birthday Or Age?	Last vaccinated?

Our financial policy is "Payment when services are rendered" Please speak with a receptionist if you have questions. I will be paying for today's services with  Cash  Check  Credit Card  Debit Card  Other: \_\_\_\_\_

Does your pet have pet health insurance?  No  Yes Insurance Company: \_\_\_\_\_

\_\_\_\_\_ (initial) I am 18 years of age or older and I am financially responsible for this account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have been asked to bring a stool sample, here are some helpful instructions to make the task easier.**

1. Samples must be FRESH (still soft and moist) within the last 24 hours
2. Use a ziplock baggie turned inside out over your hand, or a disposable utensil, to collect the sample.
3. The sample should be approximately the size of a sugar cube, or 1/2 teaspoon
4. Seal the sample inside a ziplock baggie.
5. Store the sample in the fridge if it will be more than a few hours before you can bring it to the hospital.

NOTE: If you have multiple cats using the same litter box or outdoor dogs using the same yard, please collect a small sample from 3 different representative specimens.

#### **How is fecal parasite testing important for pets?**

- Intestinal parasites are harmful to your pet and contagious to other pets
- Some pet parasites can be contagious to people

(For more information visit the Companion Animal Parasite Council at [www.petsandparasites.org](http://www.petsandparasites.org))

#### **How often do you need to bring a sample for testing?**

- Every 4 weeks for puppies/kittens until they are 16-20 weeks of age
- Every 6-12 months for adult pets
- If your pet is having intestinal problems like diarrhea or vomiting