

\$10 *Gift Certificate*

FROM: BLUE SPRINGS ANIMAL HOSPITAL & PET RESORT

FOR: NEW CLIENT FIRST VISIT

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

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 _____

- ❖ Our doctors may need to call you for lab results or other important patient information.
- ❖ We send most appointment confirmations and reminders by email and/or text message.
- ❖ We will not spam or share your email or cell phone.

Primary Phone _____ Cell Phone: _____ Spouse/Other Cell Phone: _____

Street Address _____ City _____ State _____ Zip _____

Email: _____ Employer: _____ Work Ph: _____

Why did you choose us? Whom may we thank?

- | | |
|--|--|
| <input type="checkbox"/> Personal Referral _____ | <input type="checkbox"/> Petland/Other pet store _____ |
| <input type="checkbox"/> Website (which one?) _____ | <input type="checkbox"/> Shelter/Humane Society _____ |
| <input type="checkbox"/> Sign/Drove by/Location | <input type="checkbox"/> Community event _____ |
| <input type="checkbox"/> Yellow Pages (which one?) _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Used us in the past | |

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: _____

In Office Use: CID#

_____ Entered in AVImark _____ DoubleCk _____ WTO Card _____ Referral Credit _____ Scanned

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)

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