



Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out both sides of this information sheet.

Owner's Name: _____ Spouse/Other: _____
FIRST NAME LAST NAME FIRST NAME LAST NAME

Owner's Driver's License #: _____ Spouse/Other Driver's License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Occupation: _____

Email Address: _____, all reminders will be sent by cell phone or email.

How would you like us to contact you for reminders? Email Cell phone Both

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following. We do not accept third party checks and a valid ID must be shown, that matches name on check or credit card being used. Any unpaid balances will be subject to additional fees.

Name of Previous/Current Veterinarian: _____ Phone #: _____

How did you hear of our hospital?

() Referred by one of our clients? May we thank them? () Referred another Hospital? If so, which?

() Yellow Pages, or another telephone directory

() Newspaper/Magazine Ad

() Passed by our sign/hospital

() Met us at an Event or around the community

() On our website

() Internet Search Engine

() Mail/Door Hanging

() Saw Flyer/Coupon in Store/around the community

() Yelp

() Other, please state: _____

To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital. Any unpaid balances will be sent to collection and will be subject to additional fees. I understand that a service fee of \$25.00 will be assessed for each non-sufficient funds check and/or certified letter that must be sent. I understand that the veterinary staff is not on-site during closing hours. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary. **I certify that I am eighteen (18) years of age or older. I understand that if I am not the owner, the owner's authorized agent, or if I am under 18 years old, I must not sign this form and must bring this information to the staff.**

Signature _____ Date _____

Animal Medical History

Please complete information for all your pets - Thank You!

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M F	M F	M F
Altered or Spayed?	Y N	Y N	Y N

Thank you