



OWNER INFORMATION

Mr. ___ Mrs. ___ Ms. ___ Dr. ___
Name (last): _____ (first): _____
Address: _____
City/State: _____ Zip Code: _____

Phone:

Primary/Cell: (_____) _____ Home/Landline: (_____) _____
Alternate Phone: (_____) _____ [type: Work () Spouse Cell () Other ()]

Email Address: _____
Employer: _____

Spouse/Co-owner

Mr. ___ Mrs. ___ Ms. ___ Dr. ___
Name (last): _____ (first): _____
Email Address: _____
Employer: _____

PET INFORMATION

(please circle one)

Name: _____ Dog Cat Other _____
Breed: _____ Female / Male
Color: _____ Spayed/Neutered/Intact/Unknown
Age: _____ Date of Birth: _____

Current Diet: _____

Current Medications: _____

Chronic Problems/Past Surgeries: _____

From: (please circle) Friend / Breeder / Shelter / Other _____

Reason for pet: (please circle) Companion / Protection / Breeding / Showing

MEDICAL INFORMATION

Vaccinations and Dates:

	<u>Dog</u>		<u>Cat</u>
DHLPP:	_____	FVRCP:	_____
Bordetella:	_____	FelV:	_____
Rabies:	_____	Rabies:	_____
Other:	_____	Other:	_____
Heartworm Test:	_____	FelV/FIV Test:	_____
Fecal:	_____	Fecal:	_____

Past Attending Veterinarian: _____

Phone Number (if known): _____

How did you learn of our hospital?

(please circle) Friend / Drive-by / Facebook / Website / Other _____

Recommended by: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume all responsibility for all charges incurred in the care of my pet. **I also understand that these charges must be paid at the time of release** and that a deposit may be required for surgical procedures or in-hospital treatment. I understand and agree that images of my pet may be used for advertising/educational purposes. All unpaid balances are subject to a 1.5% per month interest charge. In the event of legal action to recover an unpaid balance I agree to pay all interest, court costs, and attorney's fees.

Signature: _____ **Date:** _____

Check in Receptionist _____