



Thank you for giving us the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following:

PET INFORMATION:

Pet's Name, Species, Breed, Birth date, Color / Description, Lives mostly, Sex, Registered Name, Diet, Vitamins or Treats, Shampoo/Flea Products, Hours Spent Outside, Name of Previous/Current Veterinarian, Medications

CLIENT INFORMATION:

Owner's Name, Address, City, State, Zip, Home Phone, Cell Phone, Owner's E-mail Address, Place of Employment, Work Phone, Spouse/Other Name, Spouse/Other Phone, How did you hear about our hospital? (List of options)

Upon request we will gladly prepare a written estimate, just ask one of our nurses. Payment is due at the time services are rendered. To help prevent the spread of infectious diseases, ALL hospitalized animals must be current on all vaccines.

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 listed above . Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary.

Clients: We need to make a copy of your drivers license for our records - THANK YOU!

Signature, Date

License Copy Made (employee initials)

