



WELCOME

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about our services and your pet's health. To ensure the best care possible, please take the time to fill in this form completely.

Owner's Name: _____ Social Security #: ____-____-____
Spouse's Name: _____ Social Security #: ____-____-____
Street Address: _____ City/State/Zip: _____
Home Phone: _____ Work Phone: _____ Other# _____
Email Address: _____ Driver's License # _____

How were you referred to our hospital? _____ Yellow Pages
_____ Website
_____ Business Sign
_____ News Show
_____ Friend (name please) _____
_____ Other (please list) _____

Name of pet visiting today? _____

Dog _____ Cat _____ Other breed: _____ Color: _____
Birthdate/Age: _____ Sex: _____ Spayed/Neutered? YES or NO
Reason for today's visit: _____

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of service and that a deposit will be required for any procedures that require hospitalization.

Signature of Responsible Party: _____
Date signed: _____

I have Pet Insurance _____ I would like Pet Insurance info. _____

There is a \$15.00 processing and paperwork fee for all returned checks.