

GREATER ANNAPOLIS VETERINARY HOSPITAL, INC.

WELCOME TO OUR PRACTICE!!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. **PLEASE PRINT IN ALL SPACES.**

OWNER'S NAME: _____ SPOUSE/OTHER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ WORK: _____

SPOUSE/OTHER CELL: _____ WORK: _____

HOW DID YOU HEAR ABOUT US: Advertisement Sign Recommendation Other: _____

IF RECOMMENDED, WHO CAN WE THANK? _____

PLEASE LIST ALL INDIVIDUALS AUTHORIZED TO REQUEST TREATMENT FOR YOUR PET(S):

1) _____ 2) _____ 3) _____

In addition to phone calls and postal mail, we also like to communicate with our clients via e-mail. Please provide us with your e-mail address so we may send you important health information regarding your pet. **Be confident that we will keep your e-mail address private, just as we do the rest of your account information.**

E-mail address: _____

PET INFORMATION:

Pet's Name	Cat	Dog	Other	Birthdate	F/M	S/N	Breed	Color

Previous Veterinarian: _____

I hereby authorize the veterinarians at Greater Annapolis Veterinary Hospital, Inc. to examine, prescribe for, and treat the above described pet(s). Any animal admitted or hospitalized shall receive the necessary diagnostic tests and treatment to ensure proper medical care. I agree to pay for all services rendered and medications, goods, and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. **ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

By my signature below, I hereby agree to all of the above.

Signature of Owner or Agent: _____ Date: _____