

Welcome to Forest Hill Animal Hospital

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions, we will be glad to help you. We look forward to working with you in maintaining your pet's health.

Client Information (Please print)

Date: ____/____/____

Last Name: _____ First Name: _____ Spouse/Other: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Spouse's Cell Phone: _____

Home Phone: _____ E-mail: _____

Employer: _____ Work Phone: _____

Spouse's Employer: _____ Work Phone: _____

When and at what number is best to call about your pet? _____

Notify in case of emergency: _____

*How did you hear about our practice?

Yelp Google Facebook

Other: _____

Individual we may thank: _____

Pet Information

Pet's Name: _____ Species: Dog Cat Other: _____

Age/Date of Birth: _____ Breed: _____ Color: _____

Sex: Male Female Is your pet spayed or neutered? Yes No

Previous Veterinarian(s) where past medical records can be obtained if necessary:

Please Describe any:

Prior Illnesses: _____

Prior Surgeries: _____

I hereby authorize Forest Hill Animal Hospital to examine and treat the animal named above and any other animal presented by me to this hospital. I understand that payment is due when services are rendered. I further state that I am eighteen years of age or older and am responsible for the costs relating to these or any other animals I present for examination or treatment, including interest (1.5% on unpaid balance), collection costs, attorney fees and court costs.

Signature of responsible party

_____ Date _____