

STUEBNER AIRLINE VETERINARY HOSPITAL

Client Information:

Name _____ Driver's License _____ State _____
First Middle Last

Address _____
Number and Street City Zip Code

Cell Phone _____ Home Phone _____

Email Address _____

Alternate Contact: () Spouse () Partner () Co-Owner () Friend

Name _____ Phone _____

How did you hear of us: () Online () Phone Book () Drive By () Referral – Please tell us:

Name _____

Patient Information:

Name _____ Breed _____ Birthday _____

Please Circle: Cat Dog Color _____

Male | Female -- Spayed | Neutered | Intact

Previous Veterinarian _____ Reason for Leaving _____

Professional Fees are to be paid at the time services are rendered. At your request, we will gladly provide a written estimate of cost for recommended procedures.

To prevent the spread of infectious disease and parasites, we require that all patients be current on all appropriate vaccinations. Also, pets with fleas and/or intestinal parasites will be treated with an oral or topical medication on admission, and the prescription price will be included on the invoice.

I agree to give the Doctors of Stuebner Airline Veterinary Hospital permission to discuss this case with and provide medical records to insurance companies or other veterinarians in consultation with my pet's well being.

I grant Stuebner Airline Veterinary Hospital permission to use any photograph taken of myself and/or my pet for use in any/all of it's publications including, but not limiting to, your website, social media and any other lawful purpose without payment or without any monetary consideration. I understand and agree that these materials will become the property of Stuebner Airline Veterinary Hospital and will not be returned.

In case of emergency, I authorize Stuebner Airline Veterinary Hospital to treat my pet as they deem appropriate. I understand that all available resources will be exhausted to attempt to contact either myself or the alternate contact listed above prior to initiating treatment.

Signed _____ Date _____