



Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out this information sheet.

Owner's Name: \_\_\_\_\_ Spouse/Other: \_\_\_\_\_

Owner's SSN (required): \_\_\_\_\_ Spouse/Other SSN: \_\_\_\_\_

911 Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer's Name & Address: \_\_\_\_\_

Military?: \_\_\_\_\_

In Case of EMERGENCY, Call \_\_\_\_\_ At Phone # \_\_\_\_\_

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.

Bank Name: \_\_\_\_\_ Driver's License#(required) \_\_\_\_\_

Preferred Method of Payment:  Cash  Check  Credit Card

How did you hear of our hospital? \_\_\_\_\_

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all Vaccinations.

Dog: Dapfl, Fecal, Bordetella, Influenza H3N8, Rabies

Cat: FVRCP, Bordetella, Deworm, Rabies

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination will be updated at the time of your appointment if it is not current.**

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(s) listed on the reverse side and additional pets I present. 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. I understand that a service fee of \$30.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up <animal> within 5 days of the discharge date and do not notify you within that time period, you may assume that <animal> is abandoned and are hereby authorized to dispose of <animal> as you deem best and/or necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_

## Animal Medical History

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
<b>Vaccinations</b>	Please note the dates the following vaccines/tests were given		
	Pet #1	Pet #2	Pet #3
<b>DOG: DA2LPP</b> (Distemper/Parvo )			
<b>Bordetella</b> (Kennel Cough)			
<b>Other Vaccines</b> - Please Specify			
<b>Rabies</b>			
<b>CATS: FVRCP</b> (Infectious Diseases)			
<b>FELV</b> (Feline Leukemia)			
<b>Bordetella</b> (kennel cough)			
<b>Rabies</b>			
<b>Other Vaccines</b> - Please Specify			
<b>Heartworm Test</b> (Dogs)			
<b>FELV /FIV Test ?</b> (Cats)			
<b>Fecal Test</b> (Stool Exam for Worms)			

Name, Address, & Phone # of Previous Vet: \_\_\_\_\_