



Welcome to Sea Island Animal Hospital!

*Thank you for allowing us to care for your pet. Please fill out this form as completely.
If you have any questions, we will be glad to help you.*

CLIENT INFORMATION

OWNER NAME: _____ SPOUSE: _____

ADDRESS: _____
Street Apt City State Zip

PHONE # _____
Home Cell #1 Cell #2

DRIVER'S LICENSE NO: _____ STATE: _____

EMPLOYER: _____ PHONE # _____

EMAIL ADDRESS: _____ *In case of emergency*

HOW DID YOU HEAR ABOUT US? _____

PATIENT/PET INFORMATION

PET'S NAME: _____ DOG CAT OTHER _____

BREED: _____ COLOR: _____

DATE OF BIRTH: _____ MALE NEUTERED FEMALE SPAYED

VACCINATION HISTORY: _____
Date & Type of Last Vaccinations

DIET INFORMATION: _____

CURRENT MEDICATIONS: _____

CURRENT HEARTWORM /FLEA & TICK PREVENTION: _____

ALLERGIES OR SPECIAL INSTRUCTIONS: _____

AUTHORIZATION

We will gladly prepare a written estimate of service fees if you desire. All professional fees are due at the time services are rendered. We accept cash, check and major credit cards. In case of extensive medical or surgical procedures, we may require a deposit. We offer Care Credit financing for qualified clients. Please ask a receptionist for details. Returned checks are subject to a \$30 returned check fee. All balances are subject to a monthly finance charge.

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet(s). I assume full financial responsibility for all charges incurred in the care of my animal(s). I also understand that payment is due when services are rendered.

Signature of Owner: _____ Date _____