

# Pinecrest Veterinary Hospital

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you may have about your pet's health. To insure the best care possible, please take the time to fill out this form to the best of your ability.

## Client Information

Circle preferred method of contact: Home / Cell / Work / Email

Title: (please circle)  
Miss, Mr., Mrs., Dr., Ms.

Name (First, Mi, Last):

Title: (please circle)  
Miss, Mr., Mrs., Dr., Ms.

Spouse/Significant other:

Address:

City:

State:

ZIP:

Home Phone:

Cell Phone:

Work Phone:

Email address:

Drivers License #:

State (where license was issued):

Date of Birth:

## Patient Information

Pet's name:

Species:

Breed (if mixed, put breed(s) you presume):

Sex:

Spayed or Neutered?

Age:

Color:

Current medications:

## Referring Veterinarian

Name:

Practice:

Address:

City, State, ZIP:

Phone Number:

Fax Number:

## Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described for pet. I, as the owner or acting on behalf of the owner, assume responsibility for all the charges incurred in the care of this animal. I also understand that a deposit may be required for surgical, diagnostic and/or emergency treatment and that these charges will be paid in full at the time of release. All accounts left unpaid after 30 days may accrue a monthly finance charge. Past due accounts are subject to costs of collection and legal fees.

Signature of Owner/Responsible Party:

Date: