

Welcome to Frisco Animal Hospital

Today's date _____

OWNER'S INFORMATION:

Cell phone # _____

Last Name: _____ First name: _____

Spouse's last name: _____ First name: _____

P.O Box _____ Street Address: _____

City: _____ State: _____ Zip: _____

E-mail Address (used for correspondence from FAH only) _____

Spouse's name and cell phone: _____

Emergency contact: _____ Phone: _____

Tell us how you found us or who referred you: please check options below that apply:

Breckenridge Dog House _____

Pet Pals Referral _____

Broadcast (TV/Radio/Movies) _____

Sign or Drive-by or Walk in _____

Customer Review Site (Yelp/City Search) _____

Summit County Animal Control/Shelter _____

Direct Mail _____

Summit County Emergency Group _____

Facebook or Twitter _____

Website/Online _____

Local Business _____

Other (*please list) _____

Newspaper/Magazine/Billboard _____

PET'S INFORMATION:

***Name of Pet #1 _____ () dog () cat () other _____

() male: neutered? () yes () no () female: spayed? () yes () no

Breed: _____ Color: _____ DOB (or estimated age) _____

Hospital or other vet which has vaccination records: _____

Phone/Location: _____

**Name of Pet #2 _____ () dog () cat () other _____

() male: neutered? () yes () no () female: spayed? () yes () no

Breed: _____ Color: _____ DOB (or estimated age) _____

Hospital or other vet which has vaccination records: _____

Phone/Location: _____

***ANY PET MAY BE NERVOUS, SCARED OR PAINFUL WHEN HERE AND MAY REACT UNEXPECTEDLY; EVEN WITH AGGRESSIVE BEHAVIOR. FOR EVERYONE'S SAFETY WE NEED TO KNOW IF YOUR PET HAS THE POTENTIAL FOR SUCH BEHAVIORS.

Pet's name: _____ () yes () no Initials _____

Please circle to give permission for us to use pictures of you and/or your pet for educational purposes. This may include posting on our Facebook page, web site, and/or YouTube.

() yes () no Initials: _____

PAYMENT INFORMATION:

PAYMENT IS DUE IN FULL AT TIME OF SERVICE...

we accept the following forms of payment: Mastercard/Visa, AMEX, Discover, Cash, Personal Check, Care Credit***

We will need copy of your driver's license for checks. Care Credit is a payment plan which can provide interest free payments and extended lower interest payment options.*

Ask any staff member for more information, or to apply for Care Credit card.

PLEASE SIGN in agreement to pay in full at time of services: X _____