



Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete the following:

Pet Information:

Pet Name: _____ Species: CANINE / FELINE / OTHER _____
Breed _____ Birth Date/Age _____
Color / Description _____ Lives Mostly: INDOORS / OUTDOORS
Sex: _____ Male _____ Male-Neutered
_____ Female _____ Female-Spayed

Client Information:

Owner's Name: _____ Spouse _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address _____
Place of Employment _____ Work Phone _____

How did you hear about our hospital?

_____ Individual, someone we may thank _____
_____ Phone Book Which One? _____
_____ Other? _____

Upon request we will gladly prepare a written estimate, just ask one of our technicians.

Payment is due at the time services are rendered.

To help prevent the spread of infectious diseases, ALL hospitalized animals must be current on all vaccines.

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 listed above. 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.

Signature _____ Date _____