

# WELCOME

Owner Name 1 \_\_\_\_\_

Owner Name 2 \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Owner 1 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Owner 2 Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail : \_\_\_\_\_ Would you like to receive email reminders?  Y  N

Whom may we thank for referring you to our hospital: \_\_\_\_\_

## Pet Information

Pet Name \_\_\_\_\_  Dog  Cat  Rabbit  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Birthdate / Approximate age \_\_\_\_\_

Male  Neutered  Female  Spay

Pet Lives:  Indoors/Outdoors  Only Indoors  Only Outdoors

Pet's usual diet is : \_\_\_\_\_

Pet's medications or supplements : \_\_\_\_\_

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Payment Options: Cash, Visa, Master Card, American Express, Discover, and Care Credit.

Signature of person responsible for pet(s) \_\_\_\_\_