

Welcome to our hospital! Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share with us some important information regarding your pet. Please print in all spaces.

Owner's Name _____ Spouse _____
Last First Initial

Address _____
Street City/State Zip

Email Address _____

Occupation _____ Phone _____ (Work) _____ (Home) _____ (Cell)

Employer _____ Spouse's Employer _____

Family Veterinarian _____ Release medical records to family veterinarian?

How did you find us today?

- My family veterinary hospital (noted above) sent me here
- Some other person / business referred me here _____
- Sign
 Newspaper
 Google
 Facebook
 Event _____
- Other _____

We will gladly prepare a written estimate of anticipated fees for your pet's care (please ask your doctor or a receptionist).

This will be important because all professional fees are due at the time services are rendered.

To prevent the spread of infectious diseases, all hospitalized patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventative care and the appropriate charges will be assessed on the discharge invoice. I am the owner of this pet listed here, I am over 18 years of age, and hereby consent to the examination of this pet by veterinarians at this veterinary practice.

Do you have pet insurance? Yes No Name of insurance provider: _____

Please circle your preferred form(s) of payment: Cash VISA MasterCard American Express Discover

Owner's Signature _____ **Date** _____

Pet's Name _____ Dog _____ Cat _____ Other _____
 Breed _____ Color _____ Date of Birth _____
 Sex: Male _____ Castrated _____ / Female _____ Spayed _____ Microchip ID # _____
 Date of last vaccinations: Distemper _____ Rabies _____ Feline Leukemia _____
 Date of last heartworm test _____ Name of Heartworm Medication _____

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