


HOSPITAL USE
CLIENT ID #: _____

Photo Taken: 



Welcome! Thank you for giving us the opportunity for caring for your pet. We will be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in the form completely. Thank you.

Owner's First Name _____ Last Name _____

Address _____ City _____ Zip Code _____

Home Phone(____) _____ Mobile Phone(____) _____ Work Phone(____) _____

E-mail: _____ Spouse/Other Name: _____

Spouse/Other Mobile Phone(____) _____ Work Phone(____) _____

Emergency Contact Name _____ Phone(____) _____

How did you learn about our hospital (Please check all that apply): Yellow Pages Drive-by Internet

Recommendation by whom? _____ Other: _____

Pet Information

Name of Pet #1 _____ Dog Cat Other _____

Breed _____ Color _____ Birthday or Age _____

Male Neutered Female Spayed

Name of Pet #2 _____ Dog Cat Other _____

Breed _____ Color _____ Birthday or Age _____

Male Neutered Female Spayed

Name of Pet #3 _____ Dog Cat Other _____

Breed _____ Color _____ Birthday or Age _____

Male Neutered Female Spayed

Authorization: I hereby authorize the veterinarian to examine, Prescribe for and treat the above described pet. I assume responsibility for all charges incurred in the care of this/these animal/s. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of owner / Authorized Agent _____ Date _____