



Welcome to Our Hospital

🐾 Pet Parent Info 🐾

Date: ____/____/____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: ____/____/____ Phone: (____) _____ Email: _____

Co-Owner of Pet: _____ Co-Owner's Phone: (____) _____

🐾 Pet Info 🐾

Name: _____

Name: _____

Name: _____

Breed: _____

Breed: _____

Breed: _____

Color: _____

Color: _____

Color: _____

Age/DOB: _____

Age/DOB: _____

Age/DOB: _____

Sex: Male Female

Sex: Male Female

Sex: Male Female

Neutered Spayed

Neutered Spayed

Neutered Spayed

🐾 How did you hear about us? 🐾

Current Client: _____ Friend/Family: _____

Internet (Google/ Bing / Yelp/ FaceBook/Other: _____)

Rescue Group: _____ Drive-by Other _____

Referred _____ (name)

🐾 Prior Veterinarian's Info 🐾

Veterinarian's Name: _____

Hospital Name: _____

Hospital's Address: _____

Hospital's Phone: (____) _____, Fax Number: (____) _____.

If you do NOT want us to request medical records without your authorization, please initial: _____

🐾 Authorization 🐾

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pets. I assume responsibility for all charges approved and incurred in the care of the animal. I also understand that all professional fees are due at the time services are rendered. In the event of non-payment, I agree to be responsible for all costs of collection and/or court costs and reasonable attorney's fees.

Signature of responsible party _____ Date: ____/____/____