

Thank you for giving us the opportunity to care for your pet.

Please help us better meet your needs by taking a few moments to fill out this information sheet.

Please complete information for all your pets - Thank You!	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth			
Sex	Male/ Female	Male / Female	Male / Female
Altered or Spayed?	Yes/ No	Yes/ No	Yes / No
Microchip # or no chip			

ARE YOU OR ANYONE IN YOUR IMMEDIATE FAMILY CONSIDERED IMMUNOCOMPROMISED? Yes / No

Owner: _____ Spouse/other _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell#: _____

Spouse's Cell#: _____ Email: _____ Owner's SSN: _____

Spouse/Other SSN: _____ Driver's License # _____

Employer's Name & Address: _____

Spouse's/Other's Employer Name & Address _____

How did you hear about us? _____

Owner's Date of Birth _____ Spouse /Other DOB _____

We will gladly prepare a written estimate upon request. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following:

Preferred Method of Payment: () Cash () Check () Credit Card-Visa, MasterCard, Discover () CareCredit

To help prevent the spread of infectious diseases, hospitalized and boarded animals must be current on all required vaccinations. DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccinations can be updated at the time of your appointment if needed.

I understand every effort will be made to achieve a successful outcome for your pet, 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(s) listed above and additional pets I present. I understand that veterinary service may be provided during night time hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

I agree fees for services rendered will be due and payable at the time my pet is discharged from the hospital or the service is otherwise terminated, unless otherwise agreed to in writing. I further agree and acknowledge that a monthly finance charge of 1.5% (18% annually) shall be applied to all amounts not paid when due. In the event of nonpayment, I agree that I will be responsible for all unpaid past due amounts, and if this account is turned over for collections, regardless of whether or not suit is filed, I will also be responsible for all costs of collection, including court cost and reasonable attorneys' fees. I also agree to a service fee of \$25.00 for each check that is returned unpaid from my bank.

If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that my pet is abandoned and you are authorized to dispose of my pet as you deem best and/or necessary.

Signature _____ Date _____