



**FINE ANIMAL
HOSPITAL**

FINE QUALITY CARE SINCE 1966

*Please help us to serve you & your pets better
by updating your contact information.*

Client Information (Must be over 18 years)

******Please specify your preferred way to be contact******

Owner's Name: _____ Date of Birth: ____/____/____

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

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

(Emails are ONLY be used by Fine Animal Hospital to inform you about pet reminders and care)

Other person(s) authorized to make decision on my pet(s) behalf:

Name: _____ Contact: _____ Relationship: _____

Name: _____ Contact: _____ Relationship: _____

I give my consent to all associates of Fine Animal Hospital to care for and provide treatment for my pets now and in the future at such times as I or my agents may indicate. I acknowledge and agree to pay all costs arising out of my pet's medical care and treatment and guarantee payment for services provided. I UNDERSTAND THAT PAYMENT IS DUE AT THE TIME SERVICES RENDERED; ALSO A 50% DEPOSIT IS REQUIRED BEFORE ANY SURGERIES OR PROCEDURES. I understand also that there is a service charge of 1.5% on unpaid balances over 30 days. I also authorize Fine Animal Hospital to use my animal(s) image(s) for their social media outlets.

Signature: _____ **Date:** _____