



Animal Ark Veterinary Hospital of Greensboro

3205 Brassfield Rd
Greensboro, NC 27410

File # _____

Name: _____

Date: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Employer: _____

Spouse/Other: _____

Spouse/Other Cell Phone: _____

Spouse's Work Ph: _____

Employer: _____

E-mail Address: _____

How did you hear about us? Drove By Internet Another Hospital _____ Other _____

Referred By a Friend? Let us know whom to Thank! _____

Pet Information			
	Pet # 1	Pet # 2	Pet # 3
Name			
Species/ Breed			
Date of Birth			
Color			
Male / Female			
Spayed / Neutered			

Previous hospital / Adoption Agency: _____

Diet: _____

Previous illness/surgeries: _____

Allergies: _____

It is the policy of Animal Ark to not release **ANY** information concerning your pet to boarding, grooming, other veterinary facilities and animal adoption agencies without your permission. By signing, you give us permission to release pet information to, or request pet information from, the above for entities **ONLY**.

Signature _____

Payment

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I assume full responsibility for all charges incurred in the care of this pet. ***ALL PROFESSIONAL FEES ARE DUE AT TIME SERVICES ARE RENDERED.*** For first time visits, NO CHECKS are accepted. Until account is established, we accept Cash, Visa, MasterCard, Discover, American Express and CareCredit. For hospitalized patients, a deposit is required. There will be a service charge of \$10 for any returned checks.

Signature of Client Responsible for Pet(s): _____

Sc: _____