



Client's Name _____ Spouse/Partner Name _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____

Phone # (Cell) _____ (Alternative #) _____

Place of Employment _____ Phone # _____

Email Address: _____

Pets Name: _____ Dog () Cat () Other ()

Breed: _____ Male () Neutered? (Y/N) Female () Spayed? (Y/N)

Date of Birth: _____ Color/Markings : _____

Any Known Allergies: _____

Who may we thank for referring you? _____

By signing below I understand that I am taking financial responsibility for the above pet and payment is expected at the time services are rendered. I also understand that a deposit may be required at the time of admission. Cash, local checks, all major Credit Cards and Care Credit are acceptable methods of payment. If for any reason payment is not made in full, I will be responsible for any collection fees. There are no exceptions to the above format. _____ initial

In order to comply with the current standards directing the release of veterinary patient medical records, we must have your written consent to transfer, copy or transmit either a portion or the entire medical history for your pet, from our hospital.

_____ I (we) consent for the release of medical records should another Animal Hospital, Boarding, or Grooming facility request them.

_____ I DO NOT authorize the release/disclosure of my pet's health and medical records without prior consent for each request. I realize that by doing so, any request for records must come directly from the owner in person. All requests may take up to 48 hrs to process and complete before being picked up by owner only.

Signature of Owner (must be 18 yrs old or older)

Date