



## New Patient Information

**Owner:** *(Please Print)*

Date: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Pager: \_\_\_\_\_ Email: \_\_\_\_\_

What time is best to call about your pet? \_\_\_\_\_ and at what phone number? \_\_\_\_\_

In case of EMERGENCY, call: \_\_\_\_\_ at phone number: \_\_\_\_\_

How did you become aware of our clinic:  Hospital Sign  Yellow pages  Vet Locator  Our Webwite  Internet

Other, please specify: \_\_\_\_\_

Individual (someone we may thank): \_\_\_\_\_

### Pet information

Pet's Name: \_\_\_\_\_ Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Neutered?  Yes  No Spayed?  Yes  No

Other Pets Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Previous / Current Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your pet currently receiving any medication? \_\_\_\_\_ Does your pet have any known drug allergies? \_\_\_\_\_

### ALL FEES ARE DUE AND PAYABLE UPON COMPLETION OF SERVICES

Payment method:  Cash  Check  Credit Card: \_\_\_\_\_ Exp. \_\_\_\_\_  Other Agreed Upon Terms

I understand every effort will be made to achieve a successful outcome 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. Furthermore, I agree to pay fees for all services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection, attorney fees, and court costs in the event that collection efforts become necessary. I agree that the venue of this action will be in the county where the hospital is located. I understand that veterinary service is provided during nighttime hours as necessary in the judgement of the veterinarian in charge. Continuous presence of qualified personnel may not be provided.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital Employee: \_\_\_\_\_