WELCOME TO OUR HOSPITAL

Thank you for giving Bluffs Animal Hospital the opportunity to care for your pet. To help us serve you better, please complete the following:

OWNER INFORMATION

Name	Spouse				
last		first			
Local Address					
City			St	Zip	
Home Phone	Cell Phone		Other phone		
Which phone number is best to reach you?			Email		
Employer/Occupation					
Work or Other Address					
Have you been here befor	re with other pets?				
How did you hear about		(So we ma	ay thank the	em)	

PET INFORMATION

Pet's Name			Sex: M or F	Neutered or Spayed:	Yes No		
Pet Insurance Carrier			Policy Number				
Pet's Birth Date			Species: Dog Cat Other				
Breed		Color	Weight				
Microchip or Tattoo I.D problems			Drug reactions, Allergies, or previous medical				
Current M	ledications						
Date of last Vaccinations Rabies (RV)		Mo/Yr		Rabies (RV)	Mo/Yr		
DOGS	Distemper/Parvo(DAP) Leptospirosis Bordetella/Parainfluenza (KC) Heartworm test Fecal test		CATS	Distemper (FVRCP) Leukemia (Felv) Felv/FIV test Fecal test			

All fees are due at the time of treatment. A deposit is required on pets admitted to the hospital. You must present your FL drivers license to pay by check. Only local checks will be accepted. All returned checks are charged a minimum \$30.00 returned check fee plus all collection costs. All unpaid balances are assessed a monthly finance charge of 1.5% (minimum \$5.00). The owner will be responsible for all collection costs if fees are not paid in full as agreed. I hereby give Bluffs Animal Hospital permission to take photos and videos of me and my pet for the purpose of posting along with my pet's name and my last name on the hospital's social media and website. I hereby release and discharge Bluffs Animal Hospital from any and all claims arising out of use of the photos. I have read and agree to the above:

Owner Signature

Date

If you do NOT want us to post your pet's photo on our website or Facebook page check here