



**FINE ANIMAL
HOSPITAL**

FINE QUALITY CARE SINCE 1966

Welcome to Fine Animal Hospital

Thank you for giving us the opportunity to care for your pet(s).
So that we may become better acquainted, please complete:

Client Information (Must be over 18 years)

Owner's Name: _____ Owner's D.O.B: _____/_____/_____

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

Preferred Phone Number: _____ (HOME/CELL/WORK)

Alternative Phone Number: _____ (HOME/CELL/WORK)

Alternative Phone Number: _____ (HOME/CELL/WORK)

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: _____

Whom may we thank for referring you? _____

******* Please complete your pet's information on the reverse side *******

(Please complete for all pets in your care)

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 service 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 authorize Fine Animal Hospital to use my animal(s) image(s) for their social media outlets.

Signature: _____ *Date:* _____



Please complete for all pet's in your care

Pet Name: _____ Birthday / Age: _____

Type of Animal: CAT DOG Sex: MALE FEMALE Altered: YES NO

Breed: _____ Color: _____

Medical records for this pet can be obtained from (name and office of veterinarian):

Pet Name: _____ Birthday / Age: _____

Type of Animal: CAT DOG Sex: MALE FEMALE Altered: YES NO

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