



**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: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*(Emails will 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? \_\_\_\_\_

### Pet Information

*(Please complete for all pets in your care)*

Pet's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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):  
\_\_\_\_\_

### IF YOU HAVE ADDITIONAL PETS PLEASE FILL OUT ON BACK

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: \_\_\_\_\_



***Additional Pet Information***  
*(Please complete for all pet in your care)*

Pets Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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):  
\_\_\_\_\_

Pets Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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):  
\_\_\_\_\_

Pets Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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):  
\_\_\_\_\_