

Client/Pet Information

Thank you for giving us the opportunity to care for your pet. Please help us to better meet your needs by taking a few moments to fill out this information sheet. State and Federal Law requires you must be 18 to complete this form.

Owner's Name: _____ Spouse/Other: _____

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

County or City (Please circle): _____

Phone Number: _____ Alternate Number: _____

Work Phone: _____ Email address: _____

Spouse/Other Phone: _____

Emergency Contacts: Name/Number: _____

Name/Number: _____

Pet Information

Pet's Name: _____ Canine/Feline (please circle) Breed: _____

Color: _____ Age: _____ Sex: _____ Spayed/Neutered? Y/N

Pet's Name: _____ Canine/Feline (please circle) Breed: _____

Color: _____ Age: _____ Sex: _____ Spayed/Neutered? Y/N

Due to state law and insurance requirements, as well as helping us control and prevent the spread of infectious diseases within our hospital, ALL hospitalized and boarded pets must be current, or updated at the time of admission, for all vaccinations recommended in our preventive health care program against infectious diseases.

DISCLAIMER, WAIVER, and BLANKET PERMISSION FOR TREATMENT

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety for my pet. I hereby authorize this hospital to receive, prescribe for, treat and/or perform surgery upon the pet(s) listed above as well as any additional pets I present in the future. Furthermore, I agree to pay fees for 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 in the event that collection efforts become necessary. I understand that a service fee of \$35.00 will be assessed for each non-sufficient funds check. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and you are hereby authorized to dispose of the pet as you deem best and/or necessary.

Signature: _____ Date: _____