

WELCOME TO THE SMALL ANIMAL HOSPITAL

Today's Date: _____

Owner's Last Name: _____ Owner's First Name: _____

Spouse/Other: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-mail address: _____

Do you prefer e-mail or phone reminders? E-mail Phone

Employer Name: _____

Employer Address: _____

Emergency Contact Name: _____ Phone: _____

Name of person(s) authorized to inquire about or authorize treatment:

Pet's Name: _____ Date of Birth or Approx Age: _____

Type of Pet: Dog Cat Rabbit Rodent Ferret Bird

Breed: _____ Color: _____ Sex: Male Female
Spayed/Neutered: Yes No

If a feline, is your pet de-clawed?

No Yes, Front only Yes, Front and Back

Microchip Number (if applicable): _____

Previous Veterinarian: _____ Phone: _____

Previous Surgeries/Illness: _____

Current Medications: _____

Is your pet on Heartworm Prevention?

Yes, Seasonally Yes, Year-round No

Pet's current diet: Dry (brand) _____ Canned (brand) _____

How Much/How often? _____

Authorization

I hereby authorize the veterinary staff at The Small Animal Hospital LLC to examine, prescribe for, and treat if necessary the named pet above. I assume responsibility for all charges incurred for care of this animal on today's date. I understand that all charges must be paid for in full the day of service. Also, a deposit might be required for special procedures, emergencies, or surgeries. An estimate will be provided upon your request.

Please be aware that we ask that if you cannot make a scheduled appointment that you cancel at least one hour prior to the scheduled appointment time. Any client who misses three appointments without calling to cancel at least one hour before will be required to pre-pay the cost of any future exam at the time of scheduling. Currently the exam charge would be \$55.00. This applies to any future appointments after missing three, or any pet on your account. It is our hope that we never have to enforce this new policy. We are better able to serve our clients by not having missed appointment times that could be used by other animals that are sick. We appreciate your cooperation.

Signature of Owner/Agent _____ Date _____

Methods of Payment we accept are cash, check, MasterCard, Visa, or Discover cards.

The Management and Staff of Small Animal Hospital