

LET'S GET ACQUAINTED Owner information

Owner's Name \_\_\_\_\_ Primary phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home/Cell

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Are you 65 or older? **Y/N**

E-mail address \_\_\_\_\_ Would you like e-mail reminders? Y/N \_\_\_\_\_

Are there other names that should be in this file? \_\_\_\_\_ Relationship \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

What prior illness, surgery or allergies should we know about? \_\_\_\_\_

**Pet Information:**

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Born: \_\_\_\_\_

Breed: \_\_\_\_\_ Color & Markings: \_\_\_\_\_

**Additional Pet Information:**

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_ Sex: \_\_\_\_\_ Born: \_\_\_\_\_

Breed: \_\_\_\_\_ Color & Markings: \_\_\_\_\_

What prior illness, surgery or allergies should we know about? \_\_\_\_\_

**Medical Release Requests:**

May we have permission to release any or all of the information contained in your pet's medical records to other veterinary hospitals, emergency hospitals, shelters, pet adoption agencies or pet insurance companies? This information may be necessary to expedite treatments for your pet in the event of an emergency, process insurance claims, locate a lost pet or transfer care of your pet to another hospital. *This release will remain in effect until you notify us in writing of any desired changes. Please circle below.*

**Yes**  **No**

**\*\*We request payment at the time services are rendered. This is no reflection of your credit status. This policy enables us to operate more efficiently, reducing the cost of treatment.\*\***

***I hereby state that I am the legal owner and/or the authorized agent for the owner and have permission to make all decisions pertaining to the pet(s) named above and guarantee payment of all charges.***

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

