



WELCOME

DATE: _____

OWNER NAME: _____

I certify that I have full and exclusive authority to make all decisions related to the pet named below.

SPOUSE/CO-OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (Primary) _____ (Secondary) _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US

Yellow Pages Street Sign Internet Humane Society Isle of Hope Newsletter Mailing

REFERRAL (*whom may we thank?*) _____ Other: _____

PATIENT INFORMATION (*one patient per sheet*)

PET NAME: _____ DATE OF BIRTH/AGE: _____

SPECIES: Dog Cat SEX: Male Neutered Female Spayed

BREED: _____ COLOR: _____

PREVIOUS VETERINARIAN (*for vaccination history and dates*) _____

Please list medications your pet is taking and any known drug allergies: _____

PAYMENT POLICY: All fees and charges are due and payable upon release of patient unless prior arrangements have been made. Any balance forward is subject to monthly statement handling fees as well as service finance charges.

PAYMENT AGREEMENT: I am the owner or agent for the owner of the above described pet and have the authority to execute treatment agreed upon by myself and the attending veterinarian. As the owner or agent for the owner, I understand it is my responsibility to remit payment for treatments performed.

Signature: _____