



Hospital Use Only
ID# _____

Thank you for giving our hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following: (PLEASE PRINT LEGIBLY)

This form is available on our website [www.animaldrs.net](http://www.animaldrs.net)

How did you hear about us?  Animal Shelter  Sign/Drive by  Yellow  Yelp  Veterinary Practice  
 Website  Yahoo  Google  Family/Friend  Other \_\_\_\_\_  
 Personal Recommendation \_\_\_\_\_

<b>Client Information</b>			
Owner:	Phone Number(s):		
Co-Owner:	Phone Number(s):		
Address:	City	State	Zip
Place of Employment:	Work Phone Number:		
E-Mail Address: <i>(your e-mail address is not shared with outside sources or placed on a mailing list)</i>			

May we post your pet's photo on our Website, Facebook Page and/or Instagram?..... YES NO

Patient Information	Pet Number 1	Pet Number 2	Pet Number 3	Pet Number 4
Name				
Species: Canine or Feline				
Breed				
Date of Birth				
Color/Markings				
Female (spayed?) or Male (neutered?)				

Other Hospitals your pet (s) have received medical treatment or vaccination from: \_\_\_\_\_

**Payment Policy**

FULL PAYMENT IS EXPECTED UPON RENDERING OF SERVICES. Deposits are required on major medical/surgical cases, trauma cases and emergency work where hospitalization is required. We DO NOT carry open accounts and hope these five (5) alternatives are convenient to you:

CASH CHECK VISA DISCOVER MASTERCARD AMERICAN EXPRESS

A \$45.00 charge will be assessed for all returned checks.

To prevent accidents Animal Doctors requires that your pet is leashed.

**SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE:**

X \_\_\_\_\_ Date \_\_\_\_\_