



FOR OFFICE USE ONLY
DATE: _____
CLIENT #: _____
RECEPTIONIST: _____

Welcome to our hospital and thank you for giving us the opportunity to care for your pet!

Owners: _____

****If you are NOT the owner, you are expected to be financially responsible for the pet****

Full address: _____
Street Apt City State Zip code

Valid driver's license OR social security number: _____

Primary contact number: _____
Home Cell Other

Email address: _____
(we do NOT give /sell any information. We will send your pet's reminders via US mail)

Employer name & phone number: _____

Name of pet #1: _____ Male / Female Dog or Cat (circle one)

Breed: _____ Color: _____ Spayed or neutered Y / N

Approx. age or date of birth: _____ Any previous vaccinations: Y / N

Name of pet #2: _____ Male / Female Dog or Cat (circle one)

Breed: _____ Color: _____ Spayed or neutered Y / N

Approx. age or date of birth: _____ Any previous vaccinations: Y / N

I give authorization for the doctors of Dog & Cat Hospital to examine, treat and prescribe for the above listed pet(s). I assume total responsibility for all charges incurred for the care my pet(s). I understand payment is due in full upon completion of services. Should it become necessary to collect fees through a collection agency, I, the undersigned agree to pay all costs of collections, including attorney fees.

Please indicate preferred method of payment: Cash Check (with I.D.) Credit Card Care Credit

Signature _____ Date _____

visit us at www.DogandCatHospitalNorfolk.com