

~WELCOME~

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions, we'll be glad to help you. We look forward to working with you in caring for your pets' health needs.

All About You!

Name: _____ Spouse: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse Cell: _____ Spouse Work Phone: _____

Referred by? Google Facebook Drove by Helena Reporter Adopted from SHS Current Client
Current Team member Other Name of Client or Team Member _____

How many fur babies do you have? Dogs _____ Cats _____

Pet Health History

Pet's Name: _____ Dog _____ Cat _____ Breed _____ Color: _____

Date of Birth: ____/____/____ Male: _____ Neutered: _____ Female: _____ Spayed: _____

Vaccination History: _____

Pet's Current Medications: _____

Any known drug allergies? Yes _____ No _____ If yes, what to? _____

Describe your pet's diet: _____

Authorization:

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I understand that any animal not called for by the owner will be considered abandoned and shall be disposed of at the discretion of the hospital. My financial responsibility shall not in any way be altered by such disposal and my indebtedness shall include all charges made against such animal up to and including the date of, and charge for disposal of same. Should it be necessary to collect on this account through an attorney, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees.

I understand that I assume full financial responsibility for all services and that **PAYMENT IS DUE AT TIME OF SERVICE**. A \$30.00 fee is assessed for all returned checks.

PLEASE NOTE THAT ALL PATIENTS MUST BE CURRENT ON ALL VACCINES PRIOR TO ADMISSION.

Signature of Owner: _____ Date: _____