

Welcome . . .

Thank you for giving us the opportunity to care for your best friend! We will be happy to answer any questions that you may have about your pet's health. To ensure the best possible care, please take the time to fill in this form completely.

Owner Information

Name _____ SS# _____

Address _____ Apt # _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

E-Mail (for reminder cards and news letter only)

Driver's license number _____ State

Spouse / Partner's name _____ SS#

Emergency Contact _____ Phone

How did you hear about our hospital? Yellow Page Sign Website Yelp

Facebook

Someone we may thank?

Other

Pet Information

Pet's Name _____ Dog Cat

Breed _____ Color _____ Birthday _____

Male Neutered Female Spayed

Pet's Name _____ Dog Cat

Breed _____ Color _____ Birthday _____

Male Neutered Female Spayed

Is there somewhere we can call for your pets medical history?

Authorization

Professional fees are due at the time services are rendered. We accept Cash, Visa, MasterCard, Discover and Care Credit. I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume the 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 treatment. I acknowledge that Paradise Pet Hospital is not staffed 24 hours and should the need arise for my pet to require overnight care, the doctor will discuss my options with me at that time. _____

Signature _____ Date _____