

HOOVER ROAD ANIMAL HOSPITAL

Client and patient information

Client information:

Owner's name: _____ Spouse's Name: _____
LAST FIRST MIDDLE

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

Phone Numbers: Home (____) _____ Work (____) _____ Cell (____) _____

Email Address: _____ Employer _____

How did you first hear of our hospital?:

- Individual; Someone we may thank? _____
- Hospital Sign
- Newspaper
- Other _____

Patient information:

Previous Veterinarian: _____

*Pet's Name: _____ Breed: _____ Color: _____

Species: Canine Feline Sex: Male Female Neutered/Spayed Birth Date: _____

Last vaccination date: _____ Additional notes: _____

*Pet's Name: _____ Breed: _____ Color: _____

Species: Canine Feline Sex: Male Female Neutered/Spayed Birth Date: _____

Last vaccination date: _____ Additional notes: _____

*Pet's Name: _____ Breed: _____ Color: _____

Species: Canine Feline Sex: Male Female Neutered/Spayed Birth Date: _____

Last vaccination date: _____ Additional notes: _____

I hereby authorize the staff at Hoover Road Animal Hospital to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of an emergency circumstance, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges given to me in person or over the phone. I understand that professional fees are to be paid at time services are rendered and a deposit is required on all pets admitted to the hospital.

Owner's signature/ Agent/ Good Samaritan _____ Date _____

Spouse's Signature _____ Date _____