

FOUR PAWS ANIMAL HOSPITAL

Thank you for giving Four Paws Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please complete the following:

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home # : _____ Cell # : _____

Work # : _____ May we contact you @ work? Yes No

Place of Employment: _____

Spouse's Name: _____

Spouse's Cell # : _____ Work # : _____

Spouse's Place of Employment: _____

E-mail address: _____

(Primary use of e-mail is for receipts, appointments and documents related to procedures)

Pet's Name: _____ Age/DOB: _____ Sex: _____

Species: Dog Cat Other _____ Breed: _____

Color: _____ Spayed/Neutered: Yes No

Has your pet had any previous illnesses or surgeries? Yes No

If yes, please explain: _____

Does your pet have any known allergies (vaccines, medications, other)? Yes No

If yes, please explain: _____

Is your pet on any special diets or medications? Yes No

If yes, please list: _____

Our patients are so cute that we do sometimes want to photograph them. We have used (with permission) some of these photos on our website and other social media sites (we do not post owner's names along with pet's pictures). Are you ok with us taking and using photographs of your pet for these purposes? :

Yes, you may take/use photographs of my pet for your website or other social media venues.

No, please do not use photographs of my pet on your website or any social media venues.

I assume responsibility for any and all charges incurred in the care of the pet listed above. I also understand that unless other arrangements are made IN ADVANCE, these charges are due to be PAID AT THE TIME OF DISMISSAL, and that a deposit is required before any surgical or medical treatment is begun.

Client's Signature: _____

Date: _____

Indicate method of payment: Cash Check Visa Master Card

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