

*For Office Use Only:*

Date: \_\_\_\_\_

Client #: \_\_\_\_\_

Int: \_\_\_\_\_

# WELCOME

## To Pacific Animal Hospital

Thank you for giving us the opportunity to care for your pet! So that we may become better acquainted, please fill out the following information.

**Must be 18 Years or Older to Complete. Payment is due at the time of service.**

### CLIENT INFORMATION

Owner's Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell: \_\_\_\_\_ Permission to Text Reminders? YES NO

Email: \_\_\_\_\_ Permission to E-mail? YES NO

Spouse/Co-Owner Name \_\_\_\_\_ Phone# \_\_\_\_\_

May we have permission to post pictures of your pet on social media? Yes  No

### PET INFORMATION

Name: \_\_\_\_\_ D/O/B or Approximate Age: \_\_\_\_\_

Sex: Male  Female  Spayed/Neutered: YES  NO

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Previous Vet: \_\_\_\_\_

Name: \_\_\_\_\_ D/O/B or Approximate Age: \_\_\_\_\_

Sex: Male  Female  Spayed/Neutered: YES  NO

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Previous Vet: \_\_\_\_\_

Name: \_\_\_\_\_ D/O/B or Approximate Age: \_\_\_\_\_

Sex: Male  Female  Spayed/Neutered: YES  NO

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Previous Vet: \_\_\_\_\_

### AUTHORIZATION

**By law all pets must be vaccinated for Rabies.**

**Please give any previous records to the front desk staff to scan into your pet's file.**

*I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pets. I assume responsibility for all charges incurred in the case of the animal. I also understand all professional fees are due at the time services are rendered. There will be a \$35 Service charge for all returned checks. Any account that is 30 or more days past due may be sent to collections. If payment is not received, I understand I may incur additional fees on my account that may include service charges, collection fees, attorney fees, court costs, interest, and any other charges associated with collecting money owed on my account. I have read the above and agree to the terms and conditions set forth herein.*

**SIGNATURE** (REQUIRED): \_\_\_\_\_ **DATE:** \_\_\_\_\_