

Welcome to Healthy Pets Animal Hospital



HEALTHY PETS
ANIMAL HOSPITAL

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

Owner: _____ Co-Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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

Email Address: _____ Place of employment: _____

How did you learn of our clinic? _____

PET HEALTH HISTORY

(1) Pet's name: _____ Dog/Cat/Other: _____

Breed: _____ Color: _____ Birth date: _____

Male/Female: _____ Neutered/Spayed: _____ Microchip #: _____

Previous medical condition(s) and/or current medications: _____

Previous Veterinarian: _____

(2) Pet's name: _____ Dog/Cat/Other: _____

Breed: _____ Color: _____ Birth date: _____

Male/Female: _____ Neutered/Spayed: _____ Microchip #: _____

Previous medical condition(s) and/or current medications: _____

Previous Veterinarian: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be required or surgical treatment. In the event of default of payment and/or failure to pay, I the undersigned, agree to pay the costs of collection including court costs and reasonable attorney fees to be determined by a court of law.

Signature of Owner: _____ Date: _____