WELCOME

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

PET OWNER INFORMATION

FIRST NAME_____ LAST NAME_____

CO-OWNER/SPOUSE_____

ADDRESS_____ CITY/STATE_____ ZIP_____

PRIMARY PHONE NUMBER _____ ALTERNATIVE PHONE NUMBER _____

E-MAIL_____ WOULD YOU LIKE TO RECEIVE REMINDERS? YES / NO

HOW DID YOU DISCOVER US?

HOSPITAL SIGN INTERNET _____ MAGAZINE _____ EVENT _____

PERSONAL RECOMMENDATION _____ WHO MAY WE THANK? _____OTHER _____

PET HEALTH INFORMATION

PET'S NAME_____ DATE OF BIRTH_____

TYPE OF ANIMAL: CAT DOG OTHER_____ SEX: MALE NEUTERED FEMALE SPAYED

BREED_____COLOR_____ MICROCHIP? YES / NO

PERTINENT MEDICAL HISTORY _____

CURRENT MEDICATIONS _____

PET'S NAME_____ DATE OF BIRTH_____

TYPE OF ANIMAL: CAT DOG OTHER_____ SEX: MALE NEUTERED FEMALE SPAYED

BREED_____COLOR_____ MICROCHIP? YES / NO

PERTINENT MEDICAL HISTORY _____

CURRENT MEDICATIONS _____

PHOTO RELEASE

I grant ARBOR PET HOSPITAL, its representatives, and employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically.

I agree that ARBOR PET HOSPITAL may use such photographs of me and/or my pet with or without may name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. I release ARBOR PET HOSPITAL from any and all claims that might arise from the use of these images and recordings.

O Photos and/or Video **MAY** be taken of my pet(s)

O Photos and/or Video **MAY NOT** be taken of my pet(s)

VETERINARY CARE 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 the animal. I also understand that all professional fees are due at the time services are rendered and a deposit prior to treatment may be required.

*SIGNATURE OF OWNER/AGENT_____ DATE_____