

# WELCOME

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

## CLIENT INFORMATION

Date \_\_\_\_\_

Owner \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

How did you become aware of our clinic?  Theater advertisement  Website  
 Clinic sign  Local school advertisement  Yellow pages  Recommendation  other

Whom may we thank for recommendation? \_\_\_\_\_

## PET HEALTH INFORMATION

Name of Pet \_\_\_\_\_ Breed \_\_\_\_\_

Dog  Cat  Other Color \_\_\_\_\_ Birthdate \_\_\_\_\_

Male  Neutered  Female  Spayed

Vaccination History (date & type of vaccinations) \_\_\_\_\_

Any known allergies?  
\_\_\_\_\_

Do we have permission to use pictures of your pet for our website, Facebook page, etc?  
Please check one:  Yes  No

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release. A deposit may be required for surgical treatment.

Signature of owner or agent \_\_\_\_\_ Date \_\_\_\_\_

Method of payment:  Cash  Check  MasterCard/Visa/Discover