

Client Name: _____

Client ID Number: _____

If your family has grown, please fill out the follow form so we can get to know your new addition(s) a bit more. Please fill out this form in detail – feel free to ask any of our staff if you have any questions or need more patient forms. Thank you, Your South Willow Animal Hospital Family.



Patient Information:

Name: _____ Gender: Male Female Neutered/Spayed: Yes No

Species: Dog Cat Rabbit Ferret Small Mammal Reptile Breed: _____

Birthday or Age: _____ Color/Markings: _____ Age when adopted: _____

Acquired from: Breeder Friend/Neighbor/Family member Pet Shop Shelter/Rescue: _____

Reason for adoption/purchase: Companion Show Breeding Protection Service: _____

Working (agility, Schutzhund, herding, hunting, etc): _____ Approximate age at Spay/Neuter: _____

What brand of food is fed: _____ Frequency fed: _____ Amount at each feeding: _____

Please list other treats/foods offered to your pet: _____

What medications or supplements is your pet currently taking: _____

Has your pet ever seen a Veterinarian: Yes No Has your pet ever been vaccinated: Yes No

At which veterinary clinic are your most recent records: _____

Does your pet have any serious illness or injury that we should be aware of: Yes No

If yes, please explain: _____

Has your pet ever been under general anesthesia or sedated for any reason besides spay/neuter procedure: Yes No

If yes, please explain: _____

Authorization

I hereby authorize the veterinarians of South Willow Animal Hospital to examine, prescribe for, and treat the above described pet. I understand that staff of South Willow Animal Hospital is not responsible for any accidental illness or injury incurred by my pet(s) beyond the control of the staff while staying or visiting South Willow Animal Hospital. I also agree that South Willow Animal Hospital is not responsible for the loss or damage of any items left in the hospital.

Client Signature

Date

Additionally, I acknowledge and accept full financial responsibility for all services at the time they are rendered. I understand that all major credit cards (Visa, MasterCard, Discover, American Express), Care Credit, cash, money order, or checks (\$25 fee for returned checks) are all acceptable methods of payment. I agree to pay any service charge or interest (1.5% per month) that may be assessed to any balance over 30 days past due. In the event of default, I understand that the balance due may be placed with a collection agency and I agree to pay any collection fees incurred. In the event of legal action, I agree to pay reasonable attorney fees and court costs.

Client Signature

Date