

Hartfield Animal Hospital

WELCOME TO OUR PRACTICE

Date: _____ SSN: _____ Client Birthdate _____

Name: _____

Spouse/Other Name: _____ Phone# _____

Mailing Address: _____

City/State/Zip: _____

Home # _____ Work# _____ Cell# _____

Email: _____

Employer: _____

Emergency Contact _____ Phone: _____

PET #1

Pet's name: _____ Circle: DOG CAT OTHER _____

Sex (Circle) M F Circle: Spayed Neutered Age: _____ Birthdate: _____

Breed: _____ Color: _____

Reason for Visit: _____

PET #2

Pet's name: _____ Circle: DOG CAT OTHER _____

Sex (Circle) M F Circle: Spayed Neutered Age: _____ Birthdate: _____

Breed: _____ Color: _____

Reason for Visit: _____

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 the pet. I also understand that

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____ Date: _____