



Welcome, we appreciate the opportunity to serve you and your pets!

DATE _____ Reason for today's visit _____

OWNER'S Name _____ CO-OWNER/SPOUSE _____

ADDRESS _____

Street/ P.O. Box

City,

State

Zip

Cell Phone _____ Work Phone _____ Spouse Cell Phone _____

E-MAIL address _____

In case of an emergency, contact _____ at _____

How did you FIRST hear about us? Friend Local Business Drive By Google Facebook Instagram Twitter Pinterest Yelp

If referred, who may we thank? _____

Pets Name Birth date Species Breed Color Male or Female Spayed, Neutered

1. _____

2. _____

3. _____

4. _____

Previous veterinarian (if none please indicate N/A) _____ Phone: _____

Type of heartworm prevention _____ Flea/Tick Prevention _____

Has your pet had any illnesses in the last year? Yes No If yes, please list _____

Please list any other family members that are authorized to pick up your pet (s):

- In the event that your pet's medical records need to be transferred to another professional facility, do you authorize Animal Medical and Surgical Center to share records? (Referral, boarding/grooming, ER, animal control, etc.)

Please initial one: I authorize transfer _____ I do not authorize transfer without my verbal consent _____

- We have a social media presence at Animal Medical and Surgical Center and enjoy photographing our patients which we sometimes share on social media sites with permission. Please join us on Facebook, Twitter, Instagram, Google+, and Pinterest!

Please initial one: I authorize the use of my pet's picture _____ I do not authorize the use of my pet's picture _____

As the owner or agent for the owner, I assume full responsibility of all charges incurred for the care of my animals. I also understand that all charges will be paid at the time of release and that a deposit may be required for surgical and/or emergency treatments.

OWNER/RESPONSIBLE PARTY SIGNATURE _____