Powdersville Animal Hospital

10920 Anderson Road Piedmont, SC 29673
Phone (864) 269-0052 Fax (864) 295-1010

Welcome to Powdersville Animal Hospital!

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

REGISTRATION

Client Name _____ Spouse/Other _____

Address _____ City _____ State ____ Zip Code _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Spouse/Other's Work Phone _____ Spouse/Other's Mobile Phone _____

SSN _____ Driver's License # _____ E-Mail _____

Employer's Name & Address _____

Spouse's/Other's Employer Name & Address _____

How did you learn of our practice? _____ If referral, by whom? _____

PET HEALTH HISTORY

PROVIDE COPIES OF ALL VACCINATIONS AND MEDICAL HISTORY WHERE APPLICABLE

Pet 1 Name _____ ☐ Dog ☐ Cat ☐ Other _____

Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed Date of Birth _____

Breed _____ Color _____

Where were your pet's last vaccinations (if any) given? _____ Date _____

Pet 2 Name _____ ☐ Dog ☐ Cat ☐ Other _____

Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed Date of Birth _____

Breed _____ Color _____

Where were your pet's last vaccinations (if any) given? _____ Date _____

Pet 3 Name _____ ☐ Dog ☐ Cat ☐ Other _____

Sex: ☐ Male ☐ Neutered ☐ Female ☐ Spayed Date of Birth _____

Breed _____ Color _____

Where were your pet's last vaccinations (if any) given? _____ Date _____

Reason For Visit _____

Current Medications: (please include heartworm & flea prevention, supplements, over the counter drugs)

_____

Describe your pet's diet: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet(s). I assume responsibility for all charges incurred, and understand that these charges will be paid at the time of release and that a deposit may be required for treatment. I am aware that I may request an estimate of any charges that may be incurred. I am also aware that this does not include emergencies, such as life-saving measures.

Owner/Agent's Signature _____ **Date** _____

Method of Payment ☐ Cash ☐ Check ☐ Mastercard ☐ Visa ☐ Discover ☐ Care Credit ☐ Other _____

OFFICE USE ONLY

Client # _____ Date _____ Recorded by _____ Copies of Records ☐ D.L. ☐