

Patient/Client Information

Thank you for choosing Myrtle Grove Animal Hospital for your pet's care. Please complete the following information to allow us to get to know you better.

Patient Information

Date: _____

Pet's Name: _____ Male ___ Female ___ Neutered: yes ___ no ___

Species: Dog ___ Cat ___ Other (please name) _____ Breed: _____

Age/Date of Birth: _____ Color: _____ Date of last vaccinations: _____

Owner Information

Owner's Name: _____ Spouse/Other Name: _____

Address: _____

Street

City

State

Zip Code

Home Telephone: _____ Cell Telephone: _____

Employer: _____ Work Telephone: _____

Spouse/Other Employer: _____ Work Telephone: _____

Email Address: _____

Emergency Contact Name: _____ Phone Number: _____

How did you hear of our hospital? Individual: someone we may thank? _____

___ Yellow pages ___ Website ___ Hospital sign/location ___ Other _____

Informed Consent

I certify that I am over 18 years of age and will assume responsibility for all charges incurred in the care of this pet. I understand that FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED and that a DEPOSIT IS REQUIRED PRIOR TO ANY HOSPITALIZATION, SURGERY OR BOARDING.

Owner/Responsible Party: (signature) _____ Date: _____

Driver's License # _____ State _____ Expiration _____

How will you be paying for your services today?

Cash _____ Debit Card _____ Credit Card _____ Care Credit _____