

Welcome

To Our Practice

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions that you might have about your pet's health. To insure that we can provide the best care possible, please take time to fill out this form. Thank you.

Owner Name: _____ Primary /Home Phone : _____

Address: _____ City/St/Zip _____

OCCUPATION _____ Work Phone: _____

EMPLOYER _____ City & State _____

Primary Cell Phone: _____ Cell Phone Carrier: _____

Primary Email Address: _____

Please note: Only Owners and Co-Owners with Client Agreements on file may make treatment & financial decisions for a patient

Co-Owner's Name: _____ Relation: _____

Phone: _____ Email: _____

OCCUPATION _____ Work Phone: _____

EMPLOYER _____ City & State _____

Emergency Contacts

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

REFERRED BY: (HOW DID YOU FIND US?) _____

Name of your previous Veterinarian: _____

Name of Hospital: _____ City / State _____

PET INFORMATION

Name: _____ Age or Date of Birth: _____

Species: _____ Breed: _____
Dog / Cat / Other

Sex: _____ Age when Spayed / Neutered: _____
Male / Female - Spayed / Neutered

Description / Markings: _____

PAYMENT IS DUE WHEN SERVICES ARE RENDERED

I authorize Hilton Animal Hospital to render surgical and/or medical care for my pet(s). Payment in full is due when services are rendered. A late fee of 12.5% or \$25.00, if greater, will be assessed for payments received after the due date. Failure to pay within 14 days of services shall be a default, and my account will be turned over for collections. I agree I am responsible for all costs of collections, including a 33% collections fee. A fee of \$37.50 shall be assessed for returned checks.

Owner Signature: _____ Date: _____

Co-Owner Signature: _____ Date: _____

Thank you for selecting us for your pet's healthcare. Please feel confident that we will do our best to provide you with friendly and effective service.