

Paw Prints Animal Hospital

Thank you for giving us the opportunity to care for your pet. We would like to become better acquainted, so please complete the following information.

Owner _____ Spouse _____
(First Name) (Last Name) (First Name) (Last Name)

Mailing Address _____ City _____ State _____ Zip _____

Home Phone(_____) _____ Email Address _____

Cell Phone () _____ May We Text You ? _____ If so who is your provider? _____

Place of employment _____ Position/Title _____

Work Phone(_____) _____

Employment of Spouse _____ Position/Title _____

Work Phone(_____) _____

How did you become aware of our hospital and pet hotel?

_____ Yellow Pages _____ Hospital Sign _____ Internet Search _____ Television Ad

_____ Newspaper _____ Billboards _____ Humane Society _____ Drive-By

_____ Personal Recommendation – Who may we thank _____

We have many services to offer. Which services will you be using our facilities for:

_____ All Services _____ Medical _____ Grooming _____ Boarding

Please note: For any continuous no-show appointments or last-minute cancellation appointments, we will place your account on a drop-off or same day scheduled appointment policy only.

I understand that Paw Prints Animal Hospital is not responsible for any accidental illness or injury incurred by my pet(s) beyond the control of the staff while staying or visiting at Paw Prints Animal Hospital

X _____

Date _____

PLEASE FILL OUT THE BACK SIDE

Pet Information (Please fill in the following for each pet)

	Pet 1	Pet 2	Pet 3
Pet's Name	_____	_____	_____
Breed/Mix	_____	_____	_____
Color/Markings	_____	_____	_____
D.O.B./Age	_____	_____	_____
Male/Female	_____	_____	_____
Neutered/Spayed	_____	_____	_____
Has your pet ever seen a Veterinarian?		_____ Yes	_____ No
At which veterinary clinic are your most recent records?	_____		
Has your pet ever been vaccinated?		_____ Yes	_____ No
Has or does your pet have any serious illness or injury that we should be aware of?	_____ Yes _____ No		
If yes, please explain:	_____		
Has your pet been under anesthesia for any reason besides a spay or neuter?		_____ Yes	_____ No
If yes, please explain:	_____		

Dogs

Distemper, Hepatitis, Parainfluenza, Parvo
Leptospirosis (for dogs over four months)
Rabies (for dogs over three months)
Bordetella*
Intestinal Parasite Test*

Cats

Distemper, Calicivirus, Phinotracheitis,
Chlamydia
Rabies (for cats over three months)
Intestinal Parasite Test*

*Required only for boarding and grooming, but highly recommended as a yearly vaccine.

PLEASE PROVIDE US WITH YOUR PET'S MEDICAL RECORDS.

I acknowledge and accept full financial responsibility for all services rendered. I agree to pay any service charge or interest (1.5%/mo) that may be assessed to any balance over 30 days past service date. In the event of default, I understand the balance due may be placed with a collection agency and I agree to pay any collection fees. In the event of legal action, I agree to pay reasonable attorney fees and court cost.

I acknowledge Paw Prints Animal Hospital is not responsible for any lost or damaged items if my pet is left in the hospital.

Signature _____ Date _____