

Adobe Animal Hospital
Client/Patient Information Form

Thank you for giving **Adobe Animal Hospital** the opportunity to care for your pet. Please complete the following so we may become better acquainted:

Owner Last _____ First _____ MI: _____

Partner Last _____ First _____ MI: _____

Address _____ Apt/Unit _____

City State Zip Code

Phone numbers:

Primary: _____ Secondary: _____ Other: _____

Email Address: _____

Please provide one of the following:

Drivers License: State _____ Number _____ Exp _____

SSN: _____

How did you become aware of our hospital? _____ Sign _____ Referral _____ Yelp _____ Other _____

Who may we thank for the referral? _____

If another person is authorized by you to bring your pet(s) in for treatment, please complete the following:

First Name: _____ Last: _____ Relationship: _____

Phone #: _____

Consent for Exam, Treatment and /or Surgery

I authorize and direct the veterinarians at Adobe Animal Hospital to diagnose, prescribe, perform therapeutic procedures, and/or surgery that their judgement may dictate to be advisable for the patient's well-being. No warranty or guarantee has been made as to the result or cure.

All fees are required to be paid in full upon completion of visit.

In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all costs included in said unpaid balance, including a reasonable collection and/or attorney fees. A monthly "billing charge" of \$10.00 will be added to all accounts that exceed 30 days.

Signature of Owner _____ **Date** _____

Signature of Person Presenting this pet

For treatment if other than owner _____ Date _____

Address of non-owner _____ Phone _____

Pet Information

Name _____ D.O.B. _____

Species: Dog Cat

Breed _____ Color _____

Sex: Male/Neutered Male Female/Spayed Female

Current on vaccines _____

Previous Vet _____

Phone _____

May we have records transferred? Yes No

Microchip: Yes No Number _____

Special Diet _____

Current Medications _____

Any Drug or Vaccine Reactions (circle one): Yes No

If Yes, What type? _____

On Heartworm Prevention (circle one): Yes No

If Yes, What type? _____