



WELCOME TO PERRIN-410 ANIMAL HOSPITAL

CLIENT INFORMATION (PLEASE PRINT):

FIRST NAME _____ M.I. _____ LAST NAME _____

ADDRESS _____ APT _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ CELL/MESSAGE PHONE# _____

DRIVERS LICENSE _____ STATE _____ SSN _____

****TO HELP PROTECT AGAINST CHECK AND CREDIT CARD FRAUD, WE REQUIRE 2 FORMS OF I.D.****

EMPLOYER _____ WORK PHONE _____ EXT _____

EMAIL ADDRESS: _____

SECONDARY OWNER(S): _____

****ONLY PERSONS LISTED ABOVE HAVE THE AUTHORITY TO CONSENT TO MEDICAL TREATMENT AND RECEIVE INFORMATION PERTAINING TO THE PETS LISTED ON THIS ACCOUNT. PAYMENT IS EXPECTED AT THE TIME OF SERVICE AND FROM THE INDIVIDUAL PRESENT AND CONSENTING TO TREATMENT****

Pet/Patient Information:

Dog/Cat	Name	Breed	Age/DOB	M/F	Spay/neuter	Color/Description

May we use images of your pet on our website, social media pages, or on printed material? YES NO

HOW DID YOU HEAR ABOUT US? Please check the box that applies to you.

Internet Website Facebook localvets.com Yellow Pages Animal Defense League

Referred by veterinarian: _____ Referred by friend: _____

Other (please list): _____

To prevent the spread of infectious diseases, all boarded and hospitalized patients need to be current on our required vaccines AND free from internal and external parasites.

PAYMENT IS REQUIRED AT TIME OF SERVICES

HOW WILL YOU PAY TODAY? ___ Cash ___ Check ___ Debit/Credit Card ___ Care Credit

I AUTHORIZE THE RELEASE OF VACCINE INFO ON MY PETS IF NEEDED BY OTHER VETERINARIANS, GROOMERS, KENNELS, OR PROPER AUTHORITES:
YES ___ NO ___

Do you have Pet Health Insurance Yes ___ No ___

If yes circle one Healthy Paws 24 Pet Watch Trupanion Other

I HEREBY AUTHORIZE THE VETERINARIANS TO EXAMINE, PRESCRIBE FOR, OR TREAT THE ABOVE DESCRIBED PET(S). I ASSUME FULL RESPONSIBILITY FOR ALL CHARGES INCURRED IN THE CARE OF THE ANIMAL(S). **ALSO UNDERSTAND THAT ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.**

Owner
Signature _____ DATE _____

Secondary Owner (if applicable)
Signature _____ DATE _____

For Office Use Only

CLIENT ID _____ ENTERED BY _____