



Welcome to the Abbott Road Animal Hospital. We are glad you have chosen us to care for your pets. Please complete the information below and on the back of this sheet.

**Owner Information**

Your Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Email Address \_\_\_\_\_ @ \_\_\_\_\_

Are you (or your significant other) a veteran or member of the military?      Y      N  
May we use photographs of your pet for educational/promotional purposes?      Y      N

**Who else is responsible for your pet(s)?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Work # \_\_\_\_\_

**How did you hear about us?**

Family/friend \_\_\_\_\_ -If yes, please indicate name so we can thank them \_\_\_\_\_  
Previous Client \_\_\_\_\_ Phone book \_\_\_\_\_ Internet/website \_\_\_\_\_ Saw sign/drove by \_\_\_\_\_ SPCA \_\_\_\_\_

**Please provide the following information on your pet(s):**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Male / Female      Spayed/Neutered/Unaltered      Color/Markings \_\_\_\_\_  
Microchip Y / N    If yes, # \_\_\_\_\_

**Medical Information**

	No	Yes	Description/Date
Does your pet have any allergies?	_____	_____	_____
Has your pet had any previous medical problems?	_____	_____	_____
Is your pet on any medications or special diets?	_____	_____	_____
Has your pet had any diagnostic testing?	_____	_____	_____
Does your pet travel outside the state?	_____	_____	_____
Does your pet have a vocation (i.e. service dog)?	_____	_____	_____
Is your pet exposed to any outdoor hazards? (i.e. ticks, pools of water)	_____	_____	_____

Space for additional pets on back.

**Continued on back.....**

**Additional pet information**

Number of pets in household: Dogs \_\_\_\_\_ Cats \_\_\_\_\_

**Please provide the following information on your pet(s):**

Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male / Female \_\_\_\_\_ Spayed/Neutered/Unaltered \_\_\_\_\_ Color/Markings \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male / Female \_\_\_\_\_ Spayed/Neutered/Unaltered \_\_\_\_\_ Color/Markings \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male / Female \_\_\_\_\_ Spayed/Neutered/Unaltered \_\_\_\_\_ Color/Markings \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male / Female \_\_\_\_\_ Spayed/Neutered/Unaltered \_\_\_\_\_ Color/Markings \_\_\_\_\_

**Medical Release Authorization**

Your pet’s medical records are legal documents that are treated with confidentiality. There are times that we need to obtain previous medical records, or share medical information as requested by certain organizations such as other hospitals, kennel facilities and groomers. By signing below you give us permission to receive and share pertinent medical information as needed.

**Payment information**

Payment for service provided is expected at the time of service. We do accept cash, personal check, Visa, Mastercard and Care Credit. There is a \$20 returned check fee enforced as applicable. Billing fees will be incurred if a balance is not resolved in a timely manner.

I have read and understand the policies of the Abbott Road Animal Hospital and agree to these terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Effective April 1<sup>st</sup>, 2010, in order to comply with the Federal Trade Commission Fair and Accurate Credit Transaction Act, and to protect our clients from identity theft, all new clients must provide photo id for verification of information provided. We appreciate your cooperation, and welcome you!

