

# Welcome to Healthy Pets Animal Hospital



Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you.

Owner: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Place of employment: \_\_\_\_\_

How did you learn of our clinic? \_\_\_\_\_

## PET HEALTH HISTORY

(1) Pet's name: \_\_\_\_\_ Dog/Cat/Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth date: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Previous medical condition(s) and/or current medications: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

(2) Pet's name: \_\_\_\_\_ Dog/Cat/Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Birth date: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Neutered/Spayed: \_\_\_\_\_ Microchip #: \_\_\_\_\_

Previous medical condition(s) and/or current medications: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

## AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be required or surgical treatment. In the event of default of payment and/or failure to pay, I the undersigned, agree to pay the costs of collection including court costs and reasonable attorney fees to be determined by a court of law.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_