

Dr. John Griese
Dr. Michael Booth
Dr. Brenda Bunton

Liane Shaw, B.S.R.V.T.
Sheri Price
Jackie Woodward

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 _____

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 _____ Newspaper _____ Television Ad

_____ Radio Ad _____ Billboards _____ Humane Society _____ Pass Pets

_____ Other _____ 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

Due to the high cost of billing, all fees are due upon release of patient/guest. We accept all major credit cards, (Visa, MasterCard, Discover, American Express) cash, and personal checks (\$25 fee for all returned checks)

For personal check purposes we require at least two of the following:

Driver's License # _____ Driver's License # Spouse _____

Social Security # _____ Social Security # Spouse _____

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 _____

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	_____	_____	_____
Does your pet have insured		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your pet ever seen a Veterinarian?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your pet ever been vaccinated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has or does your pet have any serious illness or injury that we should be aware of?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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*

Cats

Distemper, Calicivirus, Phinoctracheitis,
Chlamydia
Rabies (for cats over three months)

*Required only for boarding, 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 the 50% collection fee. In the event of legal action, I agree to pay reasonable attorney fees and court cost.

Signature _____

Date _____