

**Dr. John Griese
Dr. Brenda Bunton
Dr. Catherine Cole**

Paw Prints Animal Hospital

Liane Paprocki, B.S., R.V.T.

Thank you for giving us the opportunity to care for you pet. We would like to become better acquainted, so please complete the following information.

Owner _____ Spouse _____
(Last Name) (First Name) (Last Name) (First Name)

Mailing Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ E-Mail Address _____

Place of employment _____ Position/Title _____

Work Phone (____) _____ May we contact you at work? _____

Employment of Spouse _____ Position/Title _____

Work Phone (____) _____ May we contact you at work? _____

How did you become aware of our hospital and pet hotel?

____ Yellow Pages ____ Hospital Sign ____ Newspaper ____ Television Ad
____ Radio Ads ____ 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, and 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	_____	_____	_____

Have you ever taken your pet to a Veterinarian? Yes No

Has your pet ever been vaccinated? Yes No

Has or does your pet have any serious illness or injury that we should be aware of? Yes No

If yes, please explain: _____

Has your pet been under anesthesia for any reason besides a neuter or spay? 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, Rhinotracheitis,
and 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 costs.

Signature _____

Date _____