

PET INFORMATION FORM

Please provide the following information and answer the questions below.

Pet Owner Information

Owner's Name

Spouse/Other (please indicate relationship if desired)

Address

Home Phone

City, State, Zip

Work Telephone

Email Address (please print clearly)

Cell Phone

In case of an emergency, whom may we call & at what phone number?

Spouse/Other Cell

By which method do you wish to receive reminders for future vaccinations/treatment? Email Postal

By whom were you referred? (Google, Facebook, phone book, name of person, etc.)

Pet Information (Please list the following information for additional pets on the back of this form.)

Pet's Name

Canine, Feline, or other?

Breed and Color

Sex: Male Female

Neutered or spayed: Yes No

Date of Birth

Does your pet have a microchip? Yes No

If known, please list the number _____

Reason for your visit today _____

Please describe any illnesses your pet has been treated for in the past year.

If you have seen another vet from whom we might need to obtain records, please list the name and phone number.

Authorization for Treatment

By signing below, I authorize Bolivar Pet Hospital to perform medical and initial diagnostic/surgical procedures on this animal as required for diagnosis and treatment. I understand that I can terminate treatment at any time by contacting the doctors and/or assistants.

Financial Policy

Payment is due as services are rendered. We accept cash, checks, debit and credit cards (Visa, MasterCard, Discover). If you cannot pay with one of these forms of payment, please make arrangements for a family member or friend to pay your balance in full before you leave. **We do not have a delayed payment plan.**

There is a \$25 returned check fee, and other charges may occur if returned checks not promptly taken care of.

Authorization

I am the owner of the above pet or I am acting as the agent for the owner, and I accept full financial responsibility.

Signature

Date