



www.PineAnimalHospital.com

NEW CLIENT INTAKE FORM

Today's Date: ____ / ____ / ____

Owner/Caregiver: Mrs. ____ Mr. ____ Ms. ____ Dr. ____

First Name: _____ MI: _____ Last Name: _____

Home Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Driver's License or I.D. Card Number: _____ Expiration Date: _____

Birthdate: _____

Partner/Spouse/Co-Owner: Mrs. ____ Mr. ____ Ms. ____ Dr. ____

First Name: _____ MI: _____ Last Name: _____

Phone: _____

What is your preferred form to receive communication with us?

- Email
 Cell Phone
 Home Phone
 Work Phone
 SMS/Text Message

How did you hear about us?

- Walk/Drive-By
 Newspaper
 Brochure/Mailer
 Yelp
 Google
 Facebook
- Presentation (Where was this presentation held? _____)
- Referred by Pussy & Pooch
 Referred by Wooftidoo Pet Services
- Personal recommendation (Whom can we thank? _____)
- Other (Please explain): _____

Please choose the following:

- Pine Animal Hospital and its staff are allowed to use digital images of my pet(s) for public purposes, including social media and marketing.
- Please do not use digital images of my pet(s) for public purposes.

PET INFORMATION

Name: _____ Age/Birthday: _____ Male Female

Species (cat, dog, etc.): _____ Breed: _____ Color : _____

Spayed/neutered? Yes No

ONLINE PHARMACY

At Pine Animal Hospital, we are committed to creating the best possible experience for our clients and pet patients. As part of that commitment, we would like to make it as easy as possible for our clients to obtain all of the preventatives and medications that their pets need. Our exclusive online pharmacy allows for you to order any flea/tick/heartworm preventatives and medications for your pet, and have them delivered directly to your home. In order to initiate this service, we will setup your login with your username being your email address and your password being the name of your pet followed by the current year (i.e. Login: info@pineanimalhospital.com, Password: Mia2013). You can change your login and password at any time afterwards. Please answer the questions below:

Yes – please setup my online pharmacy login. **No Thanks** – please do not setup my online pharmacy login.

STATEMENT OF OWNERSHIP

I certify that I am the true owner and/or agent of the above animal(s), and have the authorization to consent to treatment if and when it is needed.

Signature: _____ Date: _____

PROFESSIONAL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

- In admitting my pet(s) for diagnostics, treatment, or surgery, I authorize the veterinarians and support staff of Pine Animal Hospital to administer such treatment and/or perform such diagnostic or surgical procedures as deemed necessary.
- It is understood that an estimate of charges will be given for services. No guarantee or assurance can be made as to the results that may be obtained for services provided.
- I assume full financial responsibility for all charges incurred by my pet. I realize that these charges may exceed a given estimate if complications arise. I understand that I will be contacted prior to treatment, if possible, should complications occur.

**For your convenience we accept MasterCard, Visa, Discover Card, or cash.
Please note that checks are not accepted at this time.**

Signature of Owner: _____ Date: _____



We will do everything in our power to accommodate your schedule at all times. If you cannot make it to any appointments in the future, please call as soon as possible to reschedule or cancel the appointment. PLEASE NOTE that if you don't call ahead of time to reschedule or cancel, you will incur a \$10 charge if you don't show up for an exam appointment, a \$15 charge if you don't show up for a grooming appointment, or a \$25 charge if you don't show up for a procedure appointment.