

Thank you for choosing South Willow Animal Hospital as your trusted partner in medical care for your pet(s). In our quest to provide the best medicine for your furry family members, we will need to start with some basic information about you, your pet(s), and other authorized guardians. Please take a moment to fill out this form completely to ensure a speedy check-in process. Again, thank you for choosing South Willow Animal Hospital.



**South Willow
Animal Hospital**

Client Information:

Last Name: _____

First Name: _____ Middle Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Primary Phone Number: Home / Cell / Work

E-mail address: _____

Driver's License Number or Social Security Number: _____

Place of Employment: _____ Position/Title: _____

Spouse Information:

Last Name: _____

First Name: _____ Middle Initial: _____

Cell Phone: (____) _____ Work Phone: (____) _____ Primary Phone Number: Home / Cell / Work

E-mail address: _____

Driver's License Number or Social Security Number: _____

Place of Employment: _____ Position/Title: _____

How did you hear about us (check all that apply):

- Yellow Pages
- Internet
- Hospital Sign/Driving By
- Hippo
- Another Veterinarian or veterinary professional (please indicate who): _____
- Boarding Facility (please indicate which one): _____
- Groomer (please indicate which one): _____
- Shelter/Rescue League (please indicate which one): _____
- Friend/Family member (please indicate who so they can receive their free gift): _____
- Other: _____

Additional Authorized Contact(s):

Please list any other people, over the age of 18, who are authorized to bring in your pet(s) on your behalf. Also initial in the appropriate space if they are authorized to make medical and/or financial decisions on your behalf.

Name	Phone Number	Medical Decisions	Financial Decisions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Now that we know a little about you, we would like to know a little bit more about your pet(s). Please fill out this side of the form in detail – feel free to ask any of our staff if you have any questions or need more patient forms. Thank you,
Your South Willow Animal Hospital Family.

Patient Information:

Name: _____ Gender: Male Female Neutered/Spayed: Yes No

Species: Dog Cat Rabbit Ferret Small Mammal Reptile Breed: _____

Birthday or Age: _____ Color/Markings: _____ Age when adopted: _____

Acquired from: Breeder Friend/Neighbor/Family member Pet Shop Shelter/Rescue: _____

Reason for adoption/purchase: Companion Show Breeding Protection Service: _____

Working (agility, Schutzhund, herding, hunting, etc): _____ Approximate age at Spay/Neuter: _____

What brand of food is fed: _____ Frequency fed: _____ Amount at each feeding: _____

Please list other treats/foods offered to your pet: _____

What medications or supplements is your pet currently taking: _____

Has your pet ever seen a Veterinarian: Yes No Has your pet ever been vaccinated: Yes No

At which veterinary clinic are your most recent records: _____

Does your pet have any serious illness or injury that we should be aware of: Yes No

If yes, please explain: _____

Has your pet ever been under general anesthesia or sedated for any reason besides spay/neuter procedure: Yes No

If yes, please explain: _____

Authorization

I hereby authorize the veterinarians of South Willow Animal Hospital to examine, prescribe for, and treat the above described pet. I understand that staff of South Willow 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 South Willow Animal Hospital. I also agree that South Willow Animal Hospital is not responsible for the loss or damage of any items left in the hospital.

Client Signature

Date

Additionally, I acknowledge and accept full financial responsibility for all services at the time they are rendered. I understand that all major credit cards (Visa, MasterCard, Discover, American Express), Care Credit, cash, money order, or checks (\$25 fee for returned checks) are all acceptable methods of payment. I agree to pay any service charge or interest (1.5% per month) that may be assessed to any balance over 30 days past due. In the event of default, I understand that the balance due may be placed with a collection agency and I agree to pay any collection fees incurred. In the event of legal action, I agree to pay reasonable attorney fees and court costs.

Client Signature

Date