

Date: _____

WELCOME TO OUR HOSPITAL

We are glad to get the opportunity to care for your pet.
To ensure your pet gets the best care we can offer, please fill out this form completely.

CLIENT INFORMATION

Owner's Name: _____ Spouses Name: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Birth Date: ___/___/___ Home Phone:(____) _____ - _____ Cell Phone:(____) _____ - _____

Email: _____ Drivers License _____

PATIENT HEALTH HISTORY

Pets Name: _____

Species: Canine Feline Breed: _____ Color: _____

Sex: Male Female Spayed / Neutered Birth Date/Age: _____

Medications pet is currently taking: _____

Any known allergies/reactions?: _____

VACCINATION HISTORY

Canine
DA2P: ___/___/___ Bordetella: ___/___/___ Rabies: ___/___/___

Feline
FVRCP: ___/___/___ FeLv: ___/___/___ Rabies: ___/___/___

AUTHORIZATION

I hereby authorize BUTTERFIELD ANIMAL HOSPITAL to examine, treat and provide necessary care to the above described pet. I understand that all professional fees are due at the time services are rendered. Should my pet require boarding or hospitalization, I agree to pick up my animal when he/she is ready for release. Failure to retrieve my animal within five (5) days of notification that he/she is ready for release will deem the pet abandoned and requires BUTTERFIELD ANIMAL HOSPITAL to handle the animal in accordance with California Abandoned Animal Act. Abandonment of an animal does not release the owner or agent of financial responsibility for that animal.

I certify that I am at least **eighteen (18) years of age** and that I am the owner or owner's agent of the above mentioned animal and I am duly authorized to execute the above and accept its terms. I understand that there is no guarantee of successful treatment and that no such guarantee has been made or offered.

Veterinary care during nighttime hours is provided at the discretion of the veterinary in charge. Continuous presence of personnel may not be provided during this time.

Signature: _____ Date: ___/___/___