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**Welcome to the clinic where we provide “Exceptional Care for Exceptional Pets!”**

**Client and Pet Information Form**

Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn of our clinic? Sign Internet Recommendation \_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_

DAYTIME PHONE NUMBERS ARE VERY IMPORTANT TO US! Work \_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_

Social Media Release: I grant Hope Animal Medical Center (HAMC) and its employees the right to take photographs of me and/or my pet, and to copyright, use and publish the same in print and/or electronically. I agree that Hope Animal Medical Center may use such photographs of me and/or my pet with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

HAMC may take photos of me and/or my pet HAMC may NOT take photos of me and/or my pet

Name of Pet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female (circle one)

Dog / Cat / Rabbit / Bird / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Neutered / Spayed

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indoor \_\_\_\_\_\_\_ Outdoor \_\_\_\_\_\_\_\_ Birth Date/Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination History (provide dates if known) Previous Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distemper \_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FRCP\_\_\_\_\_\_\_\_\_\_\_\_\_

Bordetella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heartworm Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see reverse side for additional pets)

**\*\* PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED \*\***

We accept cash, checks, Visa, Mastercard, Discover, American Express and Care Credit.

I, the undersigned owner or authorized agent of the above admitted patient, hereby authorize the doctors and staff of Hope Animal Medical Center to administer such treatment as is necessary and to perform procedures therapeutically and/or diagnostically. I further understand that no guarantee of successful treatment is made. I also assume financial responsibility for all charges incurred, and agree to pay all such charges at the time of release.

Signature of owner/agent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female (circle one)

Dog / Cat / Rabbit / Bird / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Neutered / Spayed

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indoor \_\_\_\_\_\_\_ Outdoor \_\_\_\_\_\_\_\_ Birth Date/Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination History (provide dates if known) Previous Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distemper \_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FRCP\_\_\_\_\_\_\_\_\_\_\_\_\_

Bordetella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heartworm Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female (circle one)

Dog / Cat / Rabbit / Bird / Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Neutered / Spayed

Breed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Microchip Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indoor \_\_\_\_\_\_\_ Outdoor \_\_\_\_\_\_\_\_ Birth Date/Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination History (provide dates if known) Previous Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distemper \_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FRCP\_\_\_\_\_\_\_\_\_\_\_\_\_

Bordetella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heartworm Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Pet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male / Female (circle one)

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Microchip Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indoor \_\_\_\_\_\_\_ Outdoor \_\_\_\_\_\_\_\_ Birth Date/Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccination History (provide dates if known) Previous Veterinarian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distemper \_\_\_\_\_\_\_\_\_\_\_\_\_ Rabies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leukemia \_\_\_\_\_\_\_\_\_\_\_\_\_\_ FRCP\_\_\_\_\_\_\_\_\_\_\_\_\_

Bordetella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heartworm Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_