



Thank you for giving us the opportunity to care for your pet(s). We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Thank you

### Owner Information

Owner's Name: \_\_\_\_\_ Spouse / Significant Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-Mail Address (only if you approve of e-mail contact): \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

In Case of **EMERGENCY**, Please Call: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pet Information

Pet Information Pet's Name: \_\_\_\_\_ Species:  Dog  Cat  Other: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex:  Male  Neutered?  Female  Spayed? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Previous Vet Care Given By: \_\_\_\_\_

Vaccination History (Date & Type):

\_\_\_\_\_

Current Medications:

\_\_\_\_\_

Reason for Today's Visit:

\_\_\_\_\_

**Authorization** I authorize any doctor employed by Chestnut Mountain Animal Hospital to treat my pet as agreed upon. I understand that situations may arise during anesthesia, hospitalization, or boarding that may require immediate surgical or medical attention. I request that an attempt be made to contact me should the need arise, but I authorize the attending physician to proceed for the most successful outcome. I assume responsibility for all charges incurred in the care of my pet(s). I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatments. Outstanding balances will accrue 1.5% interest per month. Billing fees may apply.

Owner's Signature:

Today's Date:

\_\_\_\_\_

**Payment in full is required at the time of pick up. Payment plans are not available. Estimates are available upon request. All prices are subject to change without notice. Thank you for your understanding and cooperation. We appreciate your trust.**