



*Welcome! Thank you for giving Hamilton Animal Hospital the opportunity to care for your pet. So that we may become better acquainted, please fill out the following.*

First and Last Name: \_\_\_\_\_

Spouse / Partner / Co-Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(must use physical address, PO Boxes are not accepted)

Mailing address is different than above: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Phone Number #2: \_\_\_\_\_ (Work \_\_\_ Home \_\_\_ Other \_\_\_)

Email Address: \_\_\_\_\_

Preferred method for us to contact you with pet health status: (Check One) Call \_\_\_ Text \_\_\_ Email \_\_\_

Who can we thank for referring us to you?

Google \_\_\_ Yelp \_\_\_ Drive By \_\_\_ Social Media \_\_\_ \*Referred by: \_\_\_\_\_

Do you have a pet sitter, neighbor, relative, or friend who is authorized to bring in pet(s) and make treatment decisions in your absence? Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*We would like to know more about your furry family. Please fill out the following.*

Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_ Spayed/Neutered? Yes \_\_\_ No \_\_\_

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

*Please turn over and fill out the back side of this form*



Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Pet's Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Spayed/Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

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

For the purpose of prescribing controlled medication to your pet(s), what is your date of birth? \_\_\_\_\_

*Here are some of our terms and conditions we need to share with you.*

Please read carefully each of the following statements. If you completely understand and agree to the terms listed, please initial on the line provided. Please ask our staff if you have any questions.

\_\_\_\_\_ I hereby certify that I am the owner or an authorized agent of the owner for the above-named pet(s) and I am over the age of eighteen.

\_\_\_\_\_ I hereby authorized Hamilton Animal Hospital to render medical & surgical care for my pet(s) as deemed necessary by the veterinarian.

\_\_\_\_\_ I understand personal items (blankets, toys, etc.) may not be returned if left at Hamilton Animal Hospital.

\_\_\_\_\_ I understand that payment is required in full at the time services are rendered.

\_\_\_\_\_ I understand I may be asked to leave a deposit before services, surgical or other, and that no guarantee can be given to the outcome.

\_\_\_\_\_ I understand Hamilton Animal Hospital accepts Visa, MC, Discover and American Express as the only forms of payment, and that checks are not accepted.

Declaration: If my account should become delinquent, I am responsible for valid collection costs & attorney fees. A finance charge of 1.5% per month (or a \$8.00) charge, whichever is greater is due on all balances owed over 30 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_