

Lee's Hill Pet Hospital

WELCOME!

We at Lee's Hill Pet Hospital are pleased to welcome you to our practice. Please take a few minutes to fill this form out as completely as you can. If you have any questions, we'll be happy to help.

Client Information

Name: _____ Today's Date: ____ / ____ / ____

Spouse or Co-Owners Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: Home _____ Cell _____ Work _____

E-Mail Address: _____

Driver's License #: _____ Employer: _____

How did you hear about us? Google ____ Yelp ____ Facebook ____ Yellow Pages ____ Flyer/Sign ____

Other _____ or Referred by: _____

In an Emergency, please call: _____ Phone: _____

Pet Information

Pet's Name: _____ Date of Birth: ____ / ____ / ____

Species: Dog ____ Cat ____ Other: _____ Breed: _____

Sex: M or F ; Spayed / Neutered / Intact Color(s)/Markings: _____

Previous Veterinarian(s): _____

Photography Release

Sometimes we use photos of our patients. We only use the pet's name, never the owner's name without prior permission. Unless indicated otherwise, I hereby give permission for photos of my pet (s) to be taken and used for publication, education purposes, and/or promotion of Lee's Hill Pet Hospital.

Please initial:

_____ **I authorize the use of my pet's picture**

_____ **I DO NOT authorize the use of my pet's picture**

Authorization For Treatment and Credit Agreement

I hereby authorize the Veterinarian to examine, prescribe for, or treat the above-described pet(s). I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges are due at the time services are rendered. If a balance is unpaid after services are rendered, I agree to pay a service charge of five percent (5%) per month computed on the unpaid balance until the account is paid in full. I also agree to pay all attorney fees, collection agency fees, court fees and all other costs incurred in our collection process on all unpaid balances I may owe. If anyone else other than myself brings in the pet or picks the pet up, then they need to be responsible to pay the bill in full when the services are rendered or prior to the release of the animal.

Signature of Owner or Legal Agent: _____

(Must be 18 or older)

Pet Information

Pet's Name: _____ Date of Birth: ____ / ____ / ____

Species: Dog ___ Cat ___ Other: _____ Breed: _____

Sex: M or F ; Spayed / Neutered / Intact Color(s)/Markings: _____

Previous Veterinarian(s): _____

Pet Information

Pet's Name: _____ Date of Birth: ____ / ____ / ____

Species: Dog ___ Cat ___ Other: _____ Breed: _____

Sex: M or F ; Spayed / Neutered / Intact Color(s)/Markings: _____

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Species: Dog ___ Cat ___ Other: _____ Breed: _____

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