

WELCOME TO COMPANION CARE ANIMAL HOSPITAL

Owner Information

DATE _____

First Name _____ Last Name _____

Street Address _____

City _____ St. _____ Zip _____

Home Phone _____ Cell _____ Work _____

E-Mail _____

Please list your previous veterinary office _____

How did you hear about our practice? _____

Pet Information

Pet's Name _____ dog /cat /other _____ Birthday/age _____

Male / Female - Spayed/Neutered Breed _____ Color _____

Pet's Name _____ dog /cat /other _____ Birthday/age _____

Male / Female - Spayed/Neutered Breed _____ Color _____

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Male / Female - Spayed/Neutered Breed _____ Color _____

Authorization

I give Companion Care Animal Hospital permission to take photos of me and /or my pet(s). **Yes/No**
I agree that they may use such photographs for any lawful purpose. **Yes/No**

I hereby authorize the veterinarians to examine, prescribe for, or treat the above-described pet(s).
I assume financial responsibility for all charges incurred in the care of the animal.

I understand that all fees are due at the time of service.

Signature of client responsible for pet(s) _____

We accept Cash, Check, Visa, Master Card, Discover and Care Credit