

Southwood Animal Hospital

Patient/Client Information

Thank you for giving us the opportunity to care for your pet. Please help us better meet your needs by taking a few moments to fill out these information sheets.

Date _____

Owners: Last Name _____ Home _____

First Name _____ Work _____

Cell _____

Spouse/Other _____ Cell _____

Address _____

City _____ State & Zip _____

Email Address _____

SS# _____ - _____ - _____ *this number will be encrypted when put in our computer system*

Driver's Lic. _____ State _____

Please provide a copy of your Driver's License or picture ID for your pet's records

Employer _____ Phone _____

Who may we thank for referring you? _____

We will gladly prepare a written estimate if you so desire.
Professional fees are due at time services are rendered.

Preferred Method of Payment: Cash Check Credit Card

ALL animals that are kept here must be current on vaccinations.

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION.

We require Rabies, Distemper and Bordetella for all animals staying in this facility.

**Vaccination can be updated at the time of your
appointment if not current.**

Please provide a copy of vaccination

Animal Medical History	Pet #1	Pet #2	Pet #3
Pet' s Name			
Species (Dog, Cat, Bird, etc.)			
Breed			
Description (Color and Markings)			
Age or Date of Birth (Approximate)			
Sex	M – F	M – F	M – F
Altered or Spayed?	Y – N	Y – N	Y– N
Is your pet <u>MICRO-CHIPPED?</u>	Yes	No	
If so what type or number			

******Please read before signing******

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the form provided and additional pets I present. **Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital.** I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. **I understand that Southwood Animal Hospital is a member of CCR and all NSF checks will be handled by them.** All accounts unpaid after 30 days will be charged a minimum late fee of \$5.00 per month; I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, you may assume that the pet is abandoned and are hereby authorized to dispose of the pet as you deem best and/or necessary.

Signature_____Date:_____

Hospital Policy

All reasonable precautions against injury, escape, or death will be taken when your pet is admitted to this hospital for an emergency, surgery, boarding, grooming or treatment. The hospital and staff will not be held liable for any problems that develop provided reasonable care and precaution are followed. By leaving your pet under our care it is understood that any problems that develop or are noted while here will be treated as deemed best by the staff veterinarians. All pets must be free of parasites (fleas, tapeworms, or other internal or external parasites). They also must be current on vaccinations necessary for their stay with us. Any vaccinations or flea treatment needed will be at the owner' s expense. If you need an estimate for any cost please feel free to ask any of our staff; they will gladly give you an estimated cost.

Owner' s Signature _____Date_____