

Welcome to Havelock Animal Hospital

NOTE: Please fill out the form and scan or fax it over to havelockanimal@gmail.com or fax to 252-447-7444

Your Name: _____ Spouse or Other: _____

Address: _____

City: _____ Zip: _____

Email Address: _____

SSN: _____ Driver License #: _____ State: _____

Employer Name & Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

***In case of emergency, please contact (MUST BE DIFFERENT THAN CLIENT'S NAME):**

Name : _____ **PH:** _____

Reminder Preference: (Please Circle Preferred Option)

Post Card E-Mail Text Phone Call

Authorization: I hereby authorize the Veterinarian to examine, prescribe for, or treat the below listed pet(s). I assume responsibility for all charges incurred in the care of this animal. (1) I understand there is no billing and charges are due upon checkout. (2) A deposit may be required for surgical or extensive treatment, if an estimate is desired please ask a technician in the exam room.

Please initial that you acknowledge authorization: _____

Signature of Owner: _____ **Date:** _____

A Copy of DRIVERS LICENSE or STATE ISSUED PHOTO ID is required

Your Pet's Health History

1. Pet Name : _____ DOB/Age : _____

Sex : Male or Female & Is the pet : Neutered (M) or Spayed (F)

Breed : _____ Color : _____

Microchip # : _____

2. Pet Name : _____ DOB/Age : _____

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Breed : _____ Color : _____

Microchip # : _____