

| Owner Information            |   |
|------------------------------|---|
| First Name _____             | Last Name _____   |
| Address _____                | City _____ State _____ Zip _____  |
| Primary Phone (____) _____   | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Secondary Phone (____) _____ | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| D.O.B ____/____/____         | CareCredit Account? <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| E-mail: _____                |   |

| Spouse or Co-Owner Information |   |
|--------------------------------|---|
| First Name _____               | Last Name _____   |
| Primary Phone (____) _____     | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| Secondary Phone (____) _____   | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work |
| E-mail _____                   | CareCredit Account? <input type="checkbox"/> Yes <input type="checkbox"/> No              |

| Pet #1      |  |
|-------------|--|
| Name _____  | D.O.B ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Breed _____ | Color _____ Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip #: _____   |

| Pet #2      |  |
|-------------|--|
| Name _____  | D.O.B ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Breed _____ | Color _____ Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip #: _____   |

| Pet #3      |  |
|-------------|--|
| Name _____  | D.O.B ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Breed _____ | Color _____ Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip #: _____   |

| Pet #4      |  |
|-------------|--|
| Name _____  | D.O.B ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Breed _____ | Color _____ Insured: <input type="checkbox"/> Yes <input type="checkbox"/> No Microchip #: _____   |

| How did you hear about us?   |  |
|--|--|
| <input type="checkbox"/> Website <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Yelp <input type="checkbox"/> Social Media <input type="checkbox"/> Google <input type="checkbox"/> Mailer <input type="checkbox"/> Animal Shelter <input type="checkbox"/> Yellow Pages<br><input type="checkbox"/> UPC <input type="checkbox"/> Community Event <input type="checkbox"/> 24 Hour Fitness <input type="checkbox"/> Emergency/Other Hospital <input type="checkbox"/> Other _____<br><input type="checkbox"/> Personal Recommendation: Whom can we thank? _____ |  |

| Prestige Animal Hospital May use my Pet(s) photos on social media networks and for educational purposes. |  |
|--|--|
| <input type="checkbox"/> Yes, make my pet(s) a star! <input type="checkbox"/> No, I decline              |  |

I hereby authorize the attending veterinarian at Prestige Animal Hospital to examine, prescribe for, and/or treat the pets described above. I assume all responsibility for the charges incurred for the care of these animals. I understand that in the event of any unusual or emergency circumstances, the staff will make attempts to contact me or my designated representative, if time allows, before proceeding with treatment. I understand that I will be financially responsible for, not only the estimated charges provided to me in person or over the telephone, but also for all emergency procedures. I understand that estimated/professional fees are to be paid at the time services are rendered and full payment/deposit is due on all pets admitted to the hospital. I also certify that I am at least 18 years of age.

Signature of owner or authorized agent \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

| FOR OFFICE USE ONLY        |                         |
|----------------------------|-------------------------|
| WEB - Website              | GOOGLE - Google         |
| YELP - Yelp                | SHELTER - Shelter       |
| ER - Emergency/Other Hosp. | YP - Yellow Pages       |
| LOCAL - Hospital Sign      | FB - Facebook/Instagram |

APPT Time: \_\_\_\_\_

Walk-IN Time: \_\_\_\_\_

Client ID: \_\_\_\_\_