



# Judson Road Animal Clinic

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 both sides of this information sheet. State and Federal Law requires you must be at least 18 to complete this form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing address if different: \_\_\_\_\_

County: \_\_\_\_\_ Spouse's Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Driver's License# \_\_\_\_\_ Employer: \_\_\_\_\_

How did you hear of our hospital?

Individual, Someone We May Thank? \_\_\_\_\_

Yahoo, Google or another internet search engine? \_\_\_\_\_

Yellow Pages, or another telephone directory? \_\_\_\_\_

Hospital Sign? \_\_\_\_\_

Another Hospital? If so, which? \_\_\_\_\_

Other, please state: \_\_\_\_\_

Name of Previous/ Current Veterinarian: \_\_\_\_\_

*To help prevent the spread of infectious diseases, ALL hospitalized and boarded animals must be current on all vaccinations. **DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS AND CATS MUST BE CURRENT ON RABIES VACCINATION.** Vaccination can be updated at the time of your appointment if it is not current.*

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 reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$30.00 will be assessed for each non-sufficient funds check and/or certified letter that must be sent. All accounts unpaid after 30 days receive a service fee of 1.5% of the balance due added to your account monthly. I understand that veterinary service is provided during night time 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 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: \_\_\_\_\_

# ANIMAL MEDICAL HISTORY

	Pet #1	Pet #2	Pet #3
Pet's Name			
Species (Dog or Cat)			
Breed			
Color and Markings			
Age or Date of Birth			
Sex	M - F	M - F	M - F
Altered or Spayed?	Y - N	Y - N	Y - N
Vaccinations Current?	Y - N	Y - N	Y - N
Microchip? If yes, list number if known.	Y - N	Y - N	Y - N

Reason for visit today: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## FOR OFFICE USE

<input type="checkbox"/> Identification verified
<input type="checkbox"/> Vaccinations entered
<input type="checkbox"/> Past medical records scanned and saved if present