



Updated: _____

Please Print

Client ID#: _____

Owner Name:

Date of Birth:

Street Address:

City:

Zip:

Cell Phone:

Employer:

Work Phone:

Email Address:

Spouse's Name:

Spouse's Cell Phone:

Pet Information:

Last Vet Used:

Phone:

Pet's Name:

Dog

Cat

Bird

Other:

Sex: Male Female

Spayed/Neutered?

Yes

No

Age:

Breed:

Color:

Weight:

Medical History:

Date of Last Vaccination(s):

Reason for Visit:

Pet's Name:

Dog

Cat

Bird

Other:

Sex: Male Female

Spayed/Neutered?

Yes

No

Age:

Breed:

Color:

Weight:

Medical History:

Date of Last Vaccination(s):

Reason for Visit:

How did you hear about us?

Ad

Flyer

Phone Book

T.V.

Client:

Other:

Our veterinary services utilize ScribbleVet, a tool from Kairo Care, Inc., which records your pet's appointments for improved clinical documentation. If you don't want to be recorded, please let the team know in the exam room.

If you anticipate anyone else using your account, we **MUST** have the name of each individual you are authorizing on your account - **THIS INCLUDES ALL FAMILY MEMBERS**. I do hereby authorize and assume **ALL** financial responsibility for _____ and _____ to use my account at any time.

If at any time I want someone removed from authorized use, I **MUST** mail a handwritten form stating such to Hiram Animal Hospital.

Payment Method:

Cash

Check

Visa

Mastercard

Discover

Care Credit

Scratch Pay

I understand and agree to the policy of Hiram Animal Hospital that **PAYMENT IS EXPECTED AS SERVICES ARE RENDERED**, and that a **DEPOSIT MAY BE REQUIRED** upon admission to the hospital for **TREATMENT, BOARDING OR SURGERY**. We require a **\$60** deposit for all new and inactive clients to be used towards visit. It is **non-refundable** if you no-show or cancel without **24-hour** notice.

Signature:

Date: