

Fain and Smathers Veterinary Hospital, Inc.

THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PETS. SO THAT WE MAY BECOME BETTER ACQUAINTED, PLEASE COMPLETE THE FOLLOWING:

Please fill out completely!

Date _____

Your Name _____

Mailing Address _____

City, State, Zip _____

Drivers License # _____ DOB _____ SS# _____

Home Phone # _____ Work/Cell Phone # _____

Spouses Name _____ E-mail _____

Do you prefer to pay by credit card, check or cash? _____

*****WE DO NOT HAVE CHARGE ACCOUNTS*****

Which vet have you been using? _____

How did you find out about our hospital? _____

Pet's Name _____ Breed _____

Age or DOB _____ Sex _____ Spayed/Neutered? _____

Reason for Visit _____

Past Medical Problems _____

Is your pet current on ALL vaccinations (Rabies, Distemper/Parvo)? _____

If so, where AND when was your pet last vaccinated? _____

Is your pet current on heartworm preventative? _____

If so, which brand do you use? _____ Date of Last Dose? _____

What do you feed your pet? _____

I HEREBY AUTHORIZE FAIN & SMATHERS VETERINARY HOSPITAL, INC. TO EXAMINE AND PROVIDE TREATMENT FOR MY PET(S). FURTHERMORE, I AGREE TO PAY ALL FEES FOR ALL SERVICES IN FULL AT THE TIME THE PET(S) ARE DISCHARGED FROM THE HOSPITAL OR WHEN SERVICES ARE OTHERWISE TERMINATED. DEPOSITS FOR SERVICES WILL BE REQUIRED PRIOR TO TREATMENT ON ALL HOSPITALIZED ANIMALS. I ALSO GIVE PERMISSION TO RELEASE PATIENT INFORMATION SUCH AS VACCINATION RECORDS TO GROOMERS AND OTHER VETERINARIANS UPON THEIR REQUEST.

SIGNED _____ DATE _____