

Hemlock Bluffs Animal Hospital
www.hemlockbluffsanimalhospital.com

Owner Information:

Owner: _____ Home Phone: _____ Other contact# _____ Cell: _____
Address: _____ City: _____ Zip: _____
Spouse's name: _____ E-mail Address: _____
Children's names _____

How did you become aware of our hospital?

- Yellow Pages Sign Location Newspaper
 Personal/Professional referral: _____ (whom may we thank)
 internet (___ Google, ___ Citysearch, ___ Yahoo, ___ Other)
 Dog seminar or festival BBE School Tour

Pet information:

Pet name: _____ Birth date: _____
Species: Canine Feline Other _____
Breed: _____ Color: _____
Sex: Male Neutered male Female Spayed female
Known major medical problems or drug allergies: _____
Special diet: _____ Current medications: _____
Type of heartworm prevention _____/none ___ Type of flea/tick prevention _____/none ___

Pet information:

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In the event that a boarding facility, animal hospital or animal control is requesting vaccination information on my pet, I authorize Hemlock Bluffs Animal hospital to release this information

I do not authorize the release of such records

For your convenience please provide us with the name of the previous veterinarian that cared for your pet so that we may get a current vaccination history

Vet clinic name: _____ **Phone #** _____

Payment Information

Payment is due when services are rendered. It is also our policy to provide a written estimate for any case requiring out-patient hospital treatment, emergency care, surgery, or hospitalization. A deposit prior to treatment may be required. Your signature below indicates that you have read and understand the terms of this arrangement and agree to abide by it.

Client signature: _____ **Date:** _____

Drivers License # _____ **State issued** _____

- Yes, I would like to receive coupons and information by e-mail
 No, I would not like to receive coupons and information by e-mail

Please inform reception when you arrive if you are a member of BBE. If we are not informed you will be unable to use your BBE.