

American Heritage Animal Hospital – Client/Patient Information

Thank you for choosing American Heritage Animal Hospital to care for your pet. Please take a few moments to fill out both pages of this information form so that we may better serve you and your pet(s).

Owner's name: _____ Spouse/Other: _____

Owner's Driver's license #/state: _____ Spouse/Other DL #/state: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Numbers

Home: _____ Mobile: _____ Work: _____

Email: _____ @ _____

Spouse/Other - Mobile: _____ Work: _____

Email: _____ @ _____

**We send vaccination reminders via email unless you do not have an email address. We do not sell or share your email address with any third parties – it is used exclusively for reminders.

Employer's Name: _____

Spouse/Other's Employer's Name: _____

In case of an Emergency call: _____ at (_____) _____ - _____

Payment is due at the time services are rendered. We accept Cash, Local Checks, Debit Cards (with valid PIN), MasterCard, Visa and Discover. A written estimate will gladly be provided at any time if you desire one. Please ask the doctor or technician.

Name of Previous/Current Veterinarian: _____

Phone Number: _____

We appreciate referrals and like to thank those that refer others to us. Whom may we thank for the referral? _____ or Yellow Pages () Drive By () PawPrints () OurTown () Internet: Snellvillevet.com () LocalVets () Google Search () Other () _____

All hospitalized and boarded animals are required to be current on vaccinations. State law requires that all cats and dogs must be current on rabies vaccinations. Vaccinations that are not current can be updated at the time of your appointment. Only vaccines given by a licensed veterinarian will be accepted – breeder and home given vaccines are not accepted for hospitalized and boarded patients. There is a service charge for any returned check. All unpaid balances are subject to a finance charge of 1.5% per month from the date of invoice if not paid on time. If the amount due to American Heritage Animal Hospital must be collected through an attorney or collection agency, client agrees to pay 100% of the attorney and/or collection related fees. If I neglect to pick up my pet(s) within five days of the scheduled discharge date and have not notified the hospital within those five days, the hospital may assume that the pet is abandoned and the hospital may dispose the pet in the manner they deem best and/or necessary.

In signing below, I agree to the above statement and authorize any doctor employed by American Heritage Animal Hospital to prescribe for and treat my pet(s)

Signature _____ Date: _____

Animal Medical History	Pet 1	Pet 2	Pet 3
Please complete for all pets – even if they are not present today – Thank you			
Pet's Name			
Species – Canine or Feline			
Breed			
Color			
Age / Date of Birth			
Sex	M / F	M / F	M / F
Neutered or Spayed	Y / N	Y / N	Y / N
If no, are you going to?	Y / N	Y / N	Y / N
Diet – name of pet's food			
Daily medications/vitamins			
Heartworm Prevention - Y / N - Type			
Flea Control - Y / N - Type			
Hours outside per day			
Medical History – Prior illness/surgery			
Pet Insurance – Y / N			
If no, are you interested? Y / N / Maybe			

Authorization to Give Consent

The following individuals are authorized to sign consent forms and give consent to treatment, surgery, and if requested, euthanasia of the pet(s) on my account at American Heritage Animal Hospital. All consent forms are considered legal documents and these individuals must be at least 18 (eighteen) years of age at the time they are signing the consent form. If at any time you wish to add or delete an individual from this list, please notify American Heritage Animal Hospital and we will give you a new form to complete.

Individuals authorized to give consent: (full name and phone numbers, please)

1. _____
2. _____
3. _____
4. _____
5. _____

Owner's Signature

Date