



Hillsdale Animal Hospital

WELCOME TO HILLSDALE ANIMAL HOSPITAL!

Thank you for giving us the opportunity to care for your pet. To assist us with the check-in process, please fill out this for completely.

Date: _____

Owner's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

(To be used for e-mail reminders, special events, offers and client communication.)

Spouse's Name: _____

Spouse's Cell Phone: _____ Spouse's Work Phone: _____

Pet(s) Names: _____

HOW DID YOU HEAR ABOUT US? (Please circle one):

Referred by friend By whom, so we can thank them: _____

Printed Ad

Postcard

Internet

AUTHORIZATION:

As owner of record, I hereby authorize the doctor(s) to examine, prescribe for, and treat any animal(s) I present to Hillsdale Animal Hospital. I assume responsibility for all charges incurred in the care of this/these animal(s). I also understand these charges are to be paid at the time of release and that a deposit may be required for surgical treatment or hospitalization.

Signature of Owner: _____ Date: _____

Accepted methods of payment: Cash, Check*, Mastercard/ Visa, Discover, AmEx and Debit Cards.

**Returned checks will carry a fee. Unpaid checks will be turned over to Sheriffs Department.