

Birth date or Age: _____ Sex: _____ Spayed or Neutered: _____
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In case of EMERGENCY, Call _____ at phone # _____

Name of Previous/Current Veterinarian _____

How would you like to be reminded of future recommended preventative health care services for your pet-Phone, mail or e-mail?

To prevent the spread of diseases and parasites, we recommend animals be current on all vaccines. Pets with fleas will be treated with a topical or oral flea medication on admission, and the prescription price will be included in the invoice.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize HVAH to receive, prescribe for, treat or perform surgery upon the pet(s) listed on this sheet and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$20.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my pet within 5 days of the discharge date and do not notify you within that time period, we may assume that your pet is abandoned and are hereby authorized to dispose of your pet as we deem best and/or necessary.

Signature of Owner or Agent

Date