



Welcome Form

Client Information

Primary Owner: _____ Owner date of birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell Phone #: _____ Other Phone #: _____

Email _____

Secondary Owner: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Number of Pets: Dogs: _____ Cats: _____ Other: _____

How did you hear about us? _____

Patient Information

Name of pet: _____ Dog Cat Date of birth/Age: _____

Breed: _____ Color: _____

Gender: Male Neutered Female Spayed

Previous Veterinarian: _____

May we contact them for records if needed? Yes No

Authorization

I certify that I am 18 years of age or older and am the owner or authorized agent for this animal, with the authority to consent to veterinary care and treatment. I assume full responsibility for all charges incurred for the care of this animal. I also understand that a deposit may be required for treatment or hospitalization. Payment is due at the time the services are rendered. **We do not allow payment plans.** For your convenience, we do accept cash, checks, all major credit cards, debit cards, Cherry, and Care Credit. There will be a \$40.00 service charge for any returned check.

I give my permission to use my pet's picture in future publications (i.e. Newsletters, Facebook, Instagram, or Website). Write **NO** if you do not give permission. _____

I consent to receive SMS text messages for appointment reminders, health reminders, and general two-way communication. At any time, I can reply STOP to opt out.

Email will be used as a form of contact, to send health reminders, access to our mobile app, and periodic newsletters from Happy Tails Animal Hospital.

Signature: _____ Date: _____