



Updated: _____

Please Print

Client ID#: _____

Owner Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Cell Phone: _____ Employer: _____ Work Phone: _____

Email Address: _____

Spouse's Name: _____ Spouse's Cell Phone: _____

Previous Vet: _____

Pet Information:

Pet's Name: _____ Dog Cat Bird Other: _____

Sex: Male Female Spayed/Neutered? Yes No Age: _____

Breed: _____ Color: _____

Date of Last Vaccination(s): _____

Reason for Visit:

- Establish Pet Vaccines Sick Injured Boarding

Pet's Name: _____ Dog Cat Bird Other: _____

Sex: Male Female Spayed/Neutered? Yes No Age: _____

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Our veterinary services utilize ScribbleVet, a tool from Kairo Care, Inc., which records your pet's appointments for improved clinical documentation. If you don't want to be recorded, please let the team know in the exam room.

If you anticipate anyone else using your account, we **MUST** have the name of each individual you are authorizing on your account - **THIS INCLUDES ALL FAMILY MEMBERS**. I do hereby authorize and assume **ALL** financial responsibility for _____ and _____ to use my account at any time.

If at any time I want someone removed from authorized use, I **MUST** mail a handwritten form stating such to Hiram Animal Hospital.

Payment Method:

- Cash Check Visa Mastercard Discover
 Care Credit Scratch Pay

I understand and agree to the policy of Hiram Animal Hospital that PAYMENT IS EXPECTED AS SERVICES ARE RENDERED, and that a DEPOSIT MAY BE REQUIRED upon admission to the hospital for TREATMENT, BOARDING OR SURGERY. We require a \$60 deposit for all new and inactive clients to be used towards visit. It is non-refundable if you no-show or cancel without 24-hour notice.

Signature: _____ Date: _____