

WELCOME TO ALBURTIS ANIMAL HOSPITAL!

Will you kindly assist us in preparing your pet's medical record by filling out this form as best you can? Thank you! If you'd like to receive our E-mail Newsletter, please *PRINT* your email address.

_____ @ _____

(Please print)

NAME _____ Soc.Sec No. _____

SPOUSE/PARTNER NAME _____ Soc.Sec No. _____

(or CO-OWNER'S NAME) _____ Soc.Sec No. _____

STREET ADDRESS _____ P.O. BOX _____

CITY _____ STATE _____ ZIP _____ PHONE () _____

EMPLOYER _____ WK.PHONE () _____

SPOUSE/PARTNER EMPLOYER _____ WK.PHONE () _____

PET'S NAME _____ DATE OF BIRTH ____ / ____ / ____

DOG ____ CAT ____ OTHER (Please specify) _____

BREED _____ COLOR _____ SEX: M / F NEUTERED? Yes / No

PREVIOUS MEDICAL OR SURGICAL PROBLEMS _____

DRUG SENSITIVITIES OR ALLERGIES _____

Is there a friend / neighbor / relative that we may thank for referring you to Alburtis Animal Hospital?

Yes ____ No ____ If so, whom? _____

We'd like you to understand that, without prior arrangements having been made, payment is expected at the time that services are rendered.

Method of today's payment: Cash ____ Check ____ VISA/MC/Discover ____ Care Credit ____
(www.carecredit.com)

(Ask us how easy and inexpensive it can be to have Pet Health Insurance to help you with vet bills!)

Please read and sign:

I understand that information about myself, including my Soc. Sec. No., and my pets is **strictly confidential**. This information will NOT BE RELEASED TO ANYONE, without my expressed permission.

Signature _____ Date _____