

**WELCOME TO ALBURTIS ANIMAL HOSPITAL!**

**Please assist us in preparing your pet's medical record by filling out this form fully. Thank you!**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_ Spouse/Partner Cell Phone \_\_\_\_\_

**Spouse/Partner E-mail:** \_\_\_\_\_

Non-spouse **Co-Owner's** Name \_\_\_\_\_

Street Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse/Partner Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Pet's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Dog \_\_\_ Cat \_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered?

Previous Medical or Surgical Problems: \_\_\_\_\_

Drug Sensitivities or Allergies: \_\_\_\_\_

How did you come to find Alburtis Animal Hospital?

Website    YellowPages    Drive-by    Other advertisement    Friend / neighbor / relative

**We like to thank those who have referred new clients/patients to Alburtis Animal Hospital.**

**Please provide the name of anyone who may have referred you to us:** \_\_\_\_\_

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

VISA/MC

Discover

American Express

Care Credit

Check

(Driver's License or other government-issued photo ID required to accept checks)

Please read and sign: I understand that information about myself and my pets is **strictly confidential**. This information will NOT BE RELEASED TO ANYONE, without my expressed permission.

Signature \_\_\_\_\_ Date \_\_\_\_\_