



Hamilton Crossing Animal Hospital

Owner's information Form

1) Owners Information (Must Be at Least 18 Years of Age)

2nd Contact/Spouse

Name: _____

Name: _____

Address: _____

Phone/Cell: _____

City: _____ State: _____ Zip: _____

Employer: _____

Home: _____ Cell: _____

Employer Phone: _____

Employer: _____

Employer Phone: _____

E-Mail: _____

2) All Fees are Due at Time Services are Rendered

We will gladly prepare a written estimate if you so desire. Please ask PRIOR to approving any services or treatments being performed.

Payment Methods: **Cash** **Check** **All major credit cards accepted**

3) How did you hear about us?

Individual, Someone we may thank? _____

- Money Mailer
- Drive By
- Humane Society
- South Side Animal Shelter
- Rescue Group _____
- South Harbour Directory
- Shamrock Calender
- Spay/Neuter Services Coupon (POP)
- Yellow Pages online
- Yellow Pages Phonebook
- Other _____

4) Patient Information (please complete all pet information)

Name					
Species					
Breed					
Color					
DOB					
Sex					
Fixed?	Y N	Y N	Y N	Y N	Y N
Microchipped	Y N	Y N	Y N	Y N	Y N

5) Please Read and Sign:

Due to state law & Insurance Requirements, ALL pets MUST be current on RABIES vaccinations.

I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon listed above pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from this hospital or the services is otherwise terminated. I agree to pay all costs associated with my pet in the event collection efforts become necessary. I understand you will gladly accept my personal check as payment to provide sufficient funds are available. If for any unforeseen reason my check is dishonored by my bank you reserve the right to charge the state allowed fee of \$33.00. If i neglect to pick up my pet within 5 days of discharge date and do not notify you within that time period, you may assume the pet is abandoned and hereby authorize you to dispose of pet as you deem best and/or necessary.

Signature: _____ Date: _____