

WELCOME!

Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To ensure the best care possible, please fill out this form completely. Thank you.

Owner: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Which number is best to reach you? _____ Home/Cell _____
Email address: _____
SSN#: _____ DL #: _____ (one is required if writing a check)
Employer Name: _____ Employer Phone: _____

Spouse/Co-Owner: _____
Home Phone: _____ Cell: _____
SSN#: _____ DL #: _____ (one is required if writing a check)
Employer Name: _____ Employer Phone: _____

PET HEALTH HISTORY

Name: _____ Male / Female _____
Breed: _____ Neutered/Spayed: Yes / No
Color: _____ Birthdate: _____
Current Medications: _____
Diet: _____
Current Medical Conditions/Allergies: _____
Previous Vet/Clinic: _____ Phone Number: _____
Please give any medical records/vaccine records to the receptionists for copies, or email to info@fillmorevet.com

I hereby authorize the veterinarian to examine, prescribe for, or treat the above pet described. I assume full responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for surgical treatment.

Signature of owner: _____ Date: _____

Signature of co-owner: _____ Date: _____

I authorize Fillmore Veterinary Hospital to take pictures of my pet and post them on their website, social media pages, or in the clinic. _____ Owner Initials _____ Co-Owner Initials

FVH has a \$25.00 missed appointment / non-24 hr cancellation policy fee. I understand that if I miss an appointment without proper notice I may be billed and may be restricted from making further appointments without paying a deposit. _____ Initials

I authorize my emergency contact (other than myself) to pursue treatment if I am unavailable.

Emergency Contact: _____ Phone#: _____