



Pet Owner's Information

Your Name: _____ Spouse's Name: _____
 Email: _____ (Email is often the easiest way for our doctors to communicate with you.)
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Cell Phone: (____)____-____ Home:(____)____-____ Spouse Cell:(____)____-____ Work(____)____-____

Preferred Method of Contact: Text Email Phone Call(#) _____

Emergency Contact's Name: _____ Relationship _____ Phone: _____

Please list number of pets you own: Dogs(#) _____ Cats(#) _____ Birds(#) _____ Other _____ (#) _____

Pet Insurance? (Y/N) Company Name: _____ Do you have Care Credit? Y/N

How did you first learn of our clinic?

Yellow Pages Sign Web Site Newspaper Mail Facebook Other _____

Referred by friend or family member? (Person's Name: _____)

Veterinarian (Referring Vet's Name and Phone _____)

I understand that all fees are to be paid at the time services are rendered.

Authorization for Professional Services

I hereby authorize Hoschton Animal Hospital to perform such diagnostics, therapeutic and surgical procedures as are necessary and advisable for treatment and maintenance of my pet's health and well- being. The nature of such service has been described to me to my satisfaction, and while I expect all procedures to be done to the best abilities of the professional staff, I realize that no guarantee or warranty can ethically or professionally be made regarding the results or cure. I agree to pay all charges incurred at the time of release of my pet, including reasonable attorney's fees and cost of collection in the event of default. I further understand that if payment becomes 30 days past due, delinquency charges at the lesser of the annual rate of 18%, or the maximum allowance rate, will be due on delinquent amounts from when the payment was due. I also authorize the hospital director and his staff, to provide veterinary services as requested or in emergency circumstances to follow through with such procedures as are necessary for the well - being of my pet on a continuing basis until further advised in writing.

Date: _____ **Signature:** _____