PetSound
Animal Hospital

Thank you for trusting us with your pet's care!
We'll happily answer any questions you may have regarding your pet's health.
To ensure the best care possible, please take time to fill out this form completely.

Owner Information

Owner/ Agent: _____ **Spouse:** _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____ **Owner DOB:** _____
Home Phone: _____ **Cell:** _____ **Spouse:** _____
E-mail: _____ **Spouse E-mail:** _____
How did you hear about our hospital? _____
Reason for visit _____

Pet Health History

Name of Pet: _____ **Check one:** ❑ Dog ❑ Cat
Breed: _____ **Age:** _____ **Pet DOB:** _____
Check one:

❑ Male ❑ Female
❑ Neutered Male ❑ Spayed Female

Previous Veterinarian/ Hospital: _____

Please check any symptoms or problems you have noticed about your pet:

❑ Breathing Problems ❑ Seems Depressed ❑ Diarrhea
❑ Diarrhea/ Vomiting ❑ Bleeding Gums ❑ Vomiting
❑ Increased Urination ❑ Shaking Head ❑ Limping
❑ Increased Thirst ❑ Scooting/ Scratching ❑ Sneezing
❑ Lack of Appetite ❑ Behavioral Issues ❑ Weakness
❑ Other, Please Explain: _____

_____

I hereby authorize the veterinarian to examine, prescribe for, or treat the above-described pet. I agree to pay for all the services when rendered, and all medications, goods, and supplies when purchased. I understand that a deposit may be required for surgical or medical treatment. All accounts that are not paid in full within 25 days of the date billed will be subject to a late charge of 1.5% per month (18% per annum) on the unpaid balance. In the event of the default, the undersigned further agrees to pay reasonable attorney fees (not to exceed 15% of unpaid balance) and the court costs in addition to any late charges applicable. Any account past due over 25 days may be subjected to interest, late fees, collection costs and/or returning fees.

_____ _____
Signature – Owner/ Agent **Date**