

 **Welcome** 

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

Owner _____ Date _____

Address _____

City _____ State _____ Zip _____

E-mail address _____ Birthdate _____

Primary Phone: Cell Home Other _____ Secondary Phone: Cell Home Other _____

Emergency Contact Name _____ Phone _____

How did you learn about our hospital? Yellow Pages Sign Other _____

Recommendation (Please write down their name so we can thank them!) _____

 **Pet Health History** 

Name of Pet _____ Dog Cat Other _____

Breed _____ Color _____ Birthdate _____

Male Neutered Female Spayed

Reason for visit _____

Vaccination History (Date and type of last vaccinations) _____

Pet's current medications _____

Describe your pet's diet _____

 **Photo Release Authorization** 

I hereby grant Foothill Farms Veterinary Hospital permission to use my or my pet's likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I hereby irrevocably authorize Foothill Farms Veterinary Hospital to edit, alter, copy, exhibit, publish, or distribute this photo for purposes of publicizing Foothill Farms Veterinary Hospital's programs or for any other lawful purpose.

Signature of Owner _____ Date _____

 **Treatment Authorization** 

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

Signature of Owner _____ Date _____