

In order to serve you properly we will need ALL the current information. All of the information will be strictly confidential. **PLEASE PRINT**

**Client Information:**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method for Reminders: □ E-Mail □ Phone Call □ Text Message

Preferred Veterinarian: □ Dr. Jeremy Williams □ Dr. Kat Baker □ Dr. Aarthi Hari **□** No Preference

**Pet Information:**

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age/Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species (dog, cat, other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender (circle one): Male / Female Spayed/Neutered? □ Yes □ No

Drug Allergies? □ Yes □ No If yes, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications / Supplements? **□** Yes **□** No If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?**

**□** Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Internet (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Previous Client □ Walk-in

**Payment:**

*I assume responsibility for all charges incurred in the care of this pet brought in by myself or another individual (18 years or older). I understand that payment is due at the time of service and acceptable form of payment is either by cash,visa/mastercard, american express, discover, care credit or scratch pay financial.*

Owner or Responsible Party (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Media Disclaimer***:*

I hereby grant Hyde Park Animal Hospital & Clinic permission to take photos and/or video of my pet while in the care of the facility and give my informed consent to use their likeness, online or in print, for marketing and/or educational purposes. Please do not sign this section if you are declining the media disclaimer.

Owner or Responsible Party (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_