



# Welcome To



## Healthy Pet Hospital & Grooming

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone Number(s): Primary: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License: \_\_\_\_\_ License State: \_\_\_\_\_

Co-Owner First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number(s): Primary: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US?

- Live Near By  
  Internet Search  
  Yelp  
  Facebook  
  Coupon: \_\_\_\_\_  
 Website  
  Client: Who may we thank? \_\_\_\_\_

### PET INFORMATION:

Pet Name: \_\_\_\_\_  Canine  Feline  Other: \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered? N / Y Microchipped? N / Y, # \_\_\_\_\_

Does this pet have Insurance? N / Y If yes, which one? \_\_\_\_\_

Veterinary Hospital that has previous records: \_\_\_\_\_

Pet Name: \_\_\_\_\_  Canine  Feline  Other: \_\_\_\_\_

Birthdate or Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Male  Female Spayed/Neutered? N / Y Microchipped? N / Y, # \_\_\_\_\_

Does this pet have Insurance? N / Y If yes, which one? \_\_\_\_\_

Veterinary Hospital that has previous records: \_\_\_\_\_

### AUTHORIZATION:

OFFICE USE: In Computer: \_\_\_\_\_

I hereby authorize Healthy Pet Hospital & Grooming's veterinarians to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s) and I understand that all professional fees are due at the time services are rendered\*. I understand and agree that in the event of default, to pay reasonable collection and/or attorney fees.

I also authorize Healthy Pet Hospital & Grooming to photograph my pet for medical records and social media purposes.

X \_\_\_\_\_  
Owner's signature Date

\*We accept Cash, VISA, MasterCard, Discover, American Express, ATM/Debit, ScratchPay, CareCredit® and Personal Checks.