

Welcome To

Healthy Pet Hospital & Grooming

First Name:	Last	Name:
Mailing Address:		City:
Zip Code:	State: E-mail Address	5:
Phone Number(s): Prin	nary: ()	Other: ()
Employer:		Work: ()
Birthdate:/	/ Driver's License:	License State:
Co-Owner First Name:		_ Last Name:
Phone Number(s): Pri	mary: ()	Other: ()
HOW DID YOU HEAR	ABOUT US?	
Live Near By In	ternet Search Yelp F	acebook Coupon:
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 Insur	ance? N / Y If yes, which o	ne?
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 Insur	ance? N / Y If yes, which o	ne?
Veterinary Hospital that	has previous records:	
AUTHORIZATION:		OFFICE USE: In Computer:
I assume responsibility for all cl time services are rendered*. I u	narges incurred in the care of the anim nderstand and agree that in the event	o examine, prescribe for, or treat the above described pet(s). nal(s) and I understand that all professional fees are due at the tof default, to pay reasonable collection and/or attorney fees. In my pet for medical records and social media purposes.
X		
Owner's signature		Date