



# Welcome



*We are open 24 hours a day, 7 days a week. Thank you for visiting us!*

|                      |                  |               |             |
|----------------------|------------------|---------------|-------------|
| Owner's Name:        |                  | Spouse/Other: |             |
| Home Street Address: |                  | City:         | State: ZIP: |
| Phone:               | Alternate Phone: | Cell Phone:   | Employer    |

Email Address: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

**Please check the Doctor you wish to see:**

Jennifer Fitzpatrick, DVM     Derek Osterheld, DVM     No Preference

### *How did your hear about our hospital?*

- Friend (Who may we thank for referring you) \_\_\_\_\_
- Yellow pages     Hospital sign     Website     Magnet from yellow pages
- Magnet from Veterinarian     Other (please specify) \_\_\_\_\_

### **OFFICE FINANCIAL POLICY**

*Payment in full is due at the time your pet is discharged from FIRST Regional Animal Hospital. At your request, we will provide a written estimate of charges for the care of your pet.*

I authorize the doctors to perform treatment for my pet. I assume responsibility for all charges incurred in the care of this animal. If my pet requires admission to the hospital, I understand that a deposit is required. I also understand emergency veterinary care is not intended to be a substitute for complete veterinary care.

Method of Payment:

- Cash     Debit     Check     Visa/MasterCard     Discover
- American Express     Care Credit

OWNER/AGENT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please see other side

***Pet # 1***

|                                      |                      |  |                                |
|--------------------------------------|----------------------|--|--------------------------------|
| <b><i>Name:</i></b>                  |                      | <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Neutered</i><br><input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Spayed</i> |                                |
| <b><i>Species (dog, cat):</i></b>    | <b><i>Color:</i></b> | <b><i>Breed:</i></b>   | <b><i>Birthday or Age:</i></b> |
| <b><i>Date of last Vaccines:</i></b> |                      | <b><i>Current Medications:</i></b>   |                                |
| <b><i>Food type and amount:</i></b>  |                      | <b><i>Special instructions for treating your pet:</i></b>  |                                |

***Pet # 2***

|                                      |                      |  |                                |
|--------------------------------------|----------------------|--|--------------------------------|
| <b><i>Name:</i></b>                  |                      | <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Neutered</i><br><input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Spayed</i> |                                |
| <b><i>Species (dog, cat):</i></b>    | <b><i>Color:</i></b> | <b><i>Breed:</i></b>   | <b><i>Birthday or Age:</i></b> |
| <b><i>Date of last Vaccines:</i></b> |                      | <b><i>Current Medications:</i></b>   |                                |
| <b><i>Food type and amount:</i></b>  |                      | <b><i>Special instructions for treating your pet:</i></b>  |                                |

***Pet # 3***

|                                      |                      |  |                                |
|--------------------------------------|----------------------|--|--------------------------------|
| <b><i>Name:</i></b>                  |                      | <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Neutered</i><br><input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Spayed</i> |                                |
| <b><i>Species (dog, cat):</i></b>    | <b><i>Color:</i></b> | <b><i>Breed:</i></b>   | <b><i>Birthday or Age:</i></b> |
| <b><i>Date of last Vaccines:</i></b> |                      | <b><i>Current Medications:</i></b>   |                                |
| <b><i>Food type and amount:</i></b>  |                      | <b><i>Special instructions for treating your pet:</i></b>  |                                |

***Pet # 4***

|                                      |                      |  |                                |
|--------------------------------------|----------------------|--|--------------------------------|
| <b><i>Name:</i></b>                  |                      | <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Neutered</i><br><input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Spayed</i> |                                |
| <b><i>Species (dog, cat):</i></b>    | <b><i>Color:</i></b> | <b><i>Breed:</i></b>   | <b><i>Birthday or Age:</i></b> |
| <b><i>Date of last Vaccines:</i></b> |                      | <b><i>Current Medications:</i></b>   |                                |
| <b><i>Food type and amount:</i></b>  |                      | <b><i>Special instructions for treating your pet:</i></b>  |                                |