



College Animal Hospital Welcomes you and your fur-family!

First Name: _____ Last: _____

Spouse/Other: _____

Address: _____

Zip: _____ City: _____ State: _____

Phone: CELL (_____) _____ Secondary (_____) _____

Email: _____

How did you find us? ___ Google, ___ Flyer, ___ Referral- tell us who! _____

Birth Date (State requirement to dispense controlled drugs): _____ / _____ / _____

🐾 Patient Name 🐾: _____

Species: _____ Sex: _____ Neutered/Spayed: ___ Yes ___ No

Breed: _____ Color: _____

Date of Birth or Age: _____

Do you have vaccine history? ___ Yes ___ No If not, where was your pet last vaccinated? _____

Do you have Pet Insurance ? ___ Yes: Insurance Name: _____; ___ No

Please list any known reactions /allergies to any vaccines/ medication/ food and any previous medical Problems / history:

We apologize for any inconvenience:

We do NOT accept personal checks. We accept all major credit cards and Care Credit. **Initial** _____

I understand that I am responsible for all charges incurred during the treatment of my pet(s). By signing and dating below I state that I am aware of this responsibility and understand all procedures require a deposit (or full payment) at admittance, and that payment is due when services are rendered. I authorize my pet's picture to be used in social media or on the hospital website.

Signature _____

Print Name _____ Date _____

🐾 **Your new home for compassionate, personalized, professional care!** 🐾