

HOLLOW CREEK ANIMAL HOSPITAL CLIENT INFORMATION

Client Name _____ Spouse/Partner _____

Address _____ / _____ / _____ / _____
STREET CITY STATE ZIP CODE

Phone _____ / _____ (Place a * next to your mobile number)
PRIMARY SECONDARY

_____ Please initial here if we have your permission to send text messages to your mobile phone. We will not send frequent messages but, we would like to be able to communicate with you when your pet is here for a surgical procedure, appointment, or when your pet's medication/food is ready to be picked up.

Email _____ Spouse/Partner's Email _____

How did you find out about us? (Family/Friend, Online Search) _____

Can we thank anyone in particular for recommending us? _____

PET INFORMATION

Name _____ Breed _____

Age/Date of Birth _____ Color _____ Sex _____

Is your pet spayed or neutered? _____

Has your pet been vaccinated in the last 12 months? _____ If so, where? _____

Is your pet on any medications (including heartworm and flea/tick control)? _____

If so, please list _____

Are there other pets in the household? _____ If so, please list _____

_____ **Consent for the disclosure and use of images.** By initialing I consent to the use of my pet's image for purposes including, but not limited, to the Hollow Creek Animal Hospital Website and Facebook page.

Payment is due in full at the time of discharge.

Required if paying by check: Driver's License _____ D.O.B. _____

There is a \$35 charge for any returned check and it will be sent to the Worthless Check Unit for collection.

Owner's Release: You are to use all reasonable precaution against injury, escape, or death of my pet. The hospital and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any issue that develops with my pet in my absence will be treated as deemed best by the veterinarian on duty and I assume all responsibility for the expenses for treatment. If I neglect to pick up my pet after 7 days of the scheduled release date and do not notify you within that time period, you may assume that the pet is abandoned, therefore the property of Hollow Creek Animal Hospital, and you are hereby authorized to make decisions for the pet as necessary.

Owner/Responsible Party's Signature _____