



<b>Office Use Only</b>	
<input type="checkbox"/>	NC
<input type="checkbox"/>	REF

**About You:**

Your Name \_\_\_\_\_ Spouse/Other \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Spouse Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 How did you hear about our office? Internet Client \_\_\_\_\_ Other

**About Your Pets: (continue on back if needed)**

Pet Name	Dog or Cat	Date of Birth	Sex	Spayed or Neutered?	Breed	Color	Are they microchipped?

**Where can we find past medical records for your pets?**

\_\_\_\_\_

**\*Payment is due at the time services are rendered. We accept Cash, Check, MasterCard, Visa, Discover, and Care Credit (\*Care Credit transactions must be minimum \$200)**

**Informed Consent**

I am the legally responsible person for the animal/s described in my client/patient file. I hereby authorize Ferndale Veterinary Hospital to examine, prescribe for, treat, or perform surgery upon those described pet/s. I also consent to the administration of such anesthetics as are necessary. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the clinic or when service is otherwise terminated. I further understand that veterinary service is provided during night time hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided at all times.

**Owner/Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_