

WELCOME TO ANIMAL HOSPITAL OF LUBBOCK!!

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information we will need as we support your pet's needs today and in the future. PLEASE PRINT IN ALL SPACES.

MR., MRS., MS. _____ SPOUSE/OTHER _____
ADDRESS _____ APT. # _____ CITY _____ STATE _____ ZIP _____
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH ____/____/____
HOME PHONE _____ WORK PHONE _____ SPOUSE'S PHONE _____
PLACE OF EMPLOYMENT _____ BEST TIME TO REACH YOU _____
SPOUSE/OTHER EMPLOYER _____ CELL # _____
ALTERNATE EMERGENCY NUMBER _____ EMAIL ADDRESS _____

AUTHORIZE TO GIVE INFORMATION TO THIRD PARTY IF PET(S) IS/ARE FOUND YES
NO

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

Please indicate choice of payment: Cash Check Visa MasterCard Discover American Express Care Credit

We will gladly prepare a written estimate if you desire (please ask our doctor OR receptionist.) In cases of extensive medical or surgical procedures when full payment may be difficult at discharge, you may establish a payment arrangement if approved IN ADVANCE of the treatment. We accept MasterCard, Visa, Discover, American Express and Care Credit in addition to cash, Debit Card and personal check. There will be a \$30.00 service charge for any check returned unpaid.

To prevent the spread of infectious diseases, all hospitalized and boarded patients must be current on all vaccines and free from internal and external parasites. The signature below authorizes this level of preventive care and the appropriate charges will be assessed in the discharge invoice.

Signature of responsible Agent for Pet(s) _____ Date _____

Referred to us by _____

ESSENTIAL PET INFORMATION

DOG	CAT	OTHER	PET'S NAME	BIRTH DATE	SEX	NEUTERED/ SPAYED?	BREED	COLOR

Your signature gives Animal Hospital of Lubbock the right to use your (testimonial, photo, video) provided for reproduction in any medium including but not limited to: website, video, broadcast, print, and electronic means for purposes of advertising, trade, display, exhibition or editorial use. Further, you also agree to release Animal Hospital of Lubbock from all claims for libel, slander, invasion or privacy, infringement of copyright or right of publicity or any other claim and you confirm that you are over the age of 18 years old.

PREVIOUS VETERINARIAN OR CLINIC NAME _____