

Welcome!

Hog Mountain Animal Hospital, PC

770-614-9060 Fax: 770-614-9944

Date: _____ Client Number: _____

Have you had a pet here before (circle)? Yes / No Referred by: _____

Your Information—Please Print

Owner Name: _____ Spouse/Other: _____

Address: _____ City, State: _____ Zip: _____

Preferred Email Address: _____

Home Phone: _____ Cell Phone: _____ Spouse/Other Phone: _____

Self, Employer: _____ Work Phone: _____ DOB: _____

Spouse/Other Employer: _____ Work Phone: _____ DOB: _____

Pet Information—Please Print

Pet's Name: _____ Dog: _____ Cat: _____

Breed: _____ Color: _____ Age or DOB: _____ M F

Has this pet been spayed/neutered? Yes / No If yes, where and when? _____

Date of most recent vaccines? _____ Given where? _____

Is your pet on any routine medications? Yes / No If so, what? _____

Heartworm Prevention? Heartgard, Interceptor, Sentinel, Revolution, Trifexis

Flea Prevention? Frontline, Nexgard, Seresto Collar, Over the Counter

To your knowledge, is your pet allergic to any medications or vaccines? If so, please list them.

Boarding Policy

We provide boarding facilities for your pets. For your pet's protection, we do require that ALL vaccinations be current. Dogs and cats alike require a Bordetella (Kennel Cough) vaccine every 6 months. In the event that your pet should become ill while under our care, we will take all necessary emergency action. We will make every effort to contact you. We ask that you leave an emergency phone number each time you board your pet.

Boarding charges begin on the day that the pet is brought in and continue each day until the day of pick up. If released before 12:00 Noon or if being groomed on that day, there will be no charge on the last day.

Payment Policy

Payment is due at the time of service. We accept cash, checks, Visa, MasterCard, Discover, and debit cards. All unpaid balances will incur 1.5% (18% year) finance charge at the end of each month. All returned checks will incur a \$35.00 service charge.

Medical and Surgical Release

I hereby consent and authorize Dr. Larry Corry, Dr. Amy Young, or any other doctor employed by Hog Mountain Animal Hospital, PC to receive, prescribe for, treat my pet, _____ (pet's name).

Date: _____ Owner/Representative Signature: _____