

Welcome to Cornerstone Animal Hospital

Thank you for giving us the opportunity to care for your pet(s).
To ensure the best care possible, please take a minute to fill in this form completely.

Owner _____ SS# _____

Spouse _____ SS# _____

Mailing address _____ City _____ Zip _____

E-Mail address _____

Home Phone _____ Work Phone _____ Cell _____

Spouse Work Phone _____ Pet Sitter Phone _____

How did you learn of our clinic? _____

Reason for today's visit _____

Name of Pet _____ Age _____ Color _____

Breed _____

(Please Circle)

Species - Dog Cat Horse Cow other _____

Sex- Male Female Male Neutered Female Spayed

Vaccinations given and date last given. _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, and/or treat any/all pets I bring to Cornerstone Animal Hospital. I assume responsibility for all charges incurred in the care of my animal(s). I also understand that these charges are to be paid at the time of release of patient(s) and that a deposit may be required prior to large ticket procedures. I understand that payment may be made by Cash, Check, Mastercard, Visa, or Discover Card. If payment by one of the above methods cannot be made, I must let the receptionist know prior to any services and/or purchases being made. If a charge account is set up for me and I fail to pay balance in full according to the terms, including finance charges, then I agree to pay interest at the highest legal rate and all expenses incurred by Cornerstone Animal Hospital in enforcing payments, included, but not limited to, collection fees, reasonable attorney's fees and court costs.

Signature of responsible party

Phone number