

Dillon Animal Hospital

CLIENT INFORMATION

Name of Owner (Over 18) _____ Your name if Not the Owner _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different from above) _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Previous/Alternate Vet _____ Phone Number _____

Email Address for Reminders: _____

PET INFORMATION

Pet # 1

Pet # 2

Name: _____ Name: _____

Breed: _____ Breed: _____

Color: _____ Color: _____

Sex: _____ Spayed/Neutered: _____ Sex: _____ Spayed/Neutered: _____

Age/DOB: _____ Age/DOB: _____

REASON FOR VISIT _____

Is your pet current on vaccines? Yes or No If yes, when and by whom? _____

Is your pet currently taking any medication (including heartworm prevention)? Yes or No

If yes, what? _____

Does your pet have any medical conditions, drug/vaccine allergies, or special requirements we should know about? YES or NO

IF YES, PLEASE SPECIFY _____

Method of Payment Today

Payment is required at the time of service. For your convenience, we accept Visa, MasterCard, Discover, Cash or Check (with a valid driver's license). Due to SC state law, we are unable to hold checks.

Please check one: Cash _____ Check _____ Debit/Credit _____

A deposit will be required for all hospitalized animals. I hereby grant authority to the Veterinarian(s) and support staff in charge of the care of the pet described above to administer and treatment, or to administer such anesthetics and to perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this pet. Any animal left three (3) days without prior arrangements being made is considered abandoned and will be disposed of as permissible by law.

Customer Signature _____ Date _____