

Welcome to Complete Care Animal Hospital



The Standard of
Veterinary Excellence

Primary Contact's Name: _____

Please check the box next to the phone number that you would like to receive text message appointment reminders.

Home Phone: _____ **Cell:** _____

Spouse/Other Name: _____ **Cell:** _____

Email: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Emergency Contact Name: _____ **Phone:** _____

	Pet #1	Pet #2
Name		
Breed		
Age or Date of Birth	<input type="checkbox"/> Check box if estimated.	<input type="checkbox"/> Check box if estimated.
Color		
Sex (Choose One)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male Neutered <input type="checkbox"/> Female Spayed

Social Media Policy:

We love to share our adorable patients on social media and on our website. If you would like to **opt-out** of having your pets image shared, please initial here: _____

Payment Terms - All payment is due at time of service. We accept cash, all major credit/debit cards, and Care Credit. If you are interested in learning about Care Credit please ask a member of our staff. All appointments missed or canceled without 24 hours notice are subject to a \$25 fee.

Authorization - Must be 18 or older to sign

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that professional fees are due at the time of services rendered.

Signature of Responsible Party: _____ **Date:** _____

For Office Use Only
Staff Member Initials: _____ **Date:** _____