



Welcome to Stonewater Veterinary Hospital!

Owner's Name(s): _____ Date: _____
 Phone Number: (cell) _____ (home) _____ (work) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____
 How did you hear about us? If referred, who can we thank? _____

Name Previous Vet Hospital(s): 1. _____
 2. _____

	Pet #1	Pet #2	Pet #3
Name			
Date of Birth			
Species	Dog / Cat	Dog / Cat	Dog / Cat
Breed			
Description / Color			
Sex	Male / Female	Male / Female	Male / Female
	Neutered/Spayed/Intact	Neutered/Spayed/Intact	Neutered/Spayed/Intact

****If you are unable to complete your paperwork and EMAIL prior to the appointment, please ARRIVE 15 min early to complete this information with our Client Liaison team. ****

To send your forms via:

1. Select the form that you will be filling out. (the form will open up in a new tab)
2. Fill out the form.
3. After you have completed the form, save the document to your computer. (to do this, right click and select Save as...)
4. Save the form onto your desktop or wherever you prefer.
5. After you have saved your form, attach your form to an email with **your name and pets name in the subject line** and email to stonewaterpets@gmail.com.

I am the owner of the above-named animal(s) or I am responsible for them or have the authority to execute this consent on behalf of the owner. I am 18 years of age or older. I authorize the veterinarian to examine, prescribe for, and / or treat my pet. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. I assume responsibility for all charges incurred in the care of the animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for procedures.

The right of confidentiality belongs to you, our client. We cannot release information about you, your pet (our patient), or the care of your pet unless you provide written authorization.

_____ **YES** Please release to other hospitals/boarding facilities the information necessary for my pet.
 _____ **NO** Do not release any information on my pet.

Client Signature _____ Date _____

Please provide a copy of ID. ID verified by : _____ Copy of ID made by: _____