



Welcome to Stonewater Veterinary Hospital!

Owner's Name(s): 1. _____ Date: _____
 2. _____

Phone Number: (cell) _____ (2nd Contact Cell) _____ (other) _____

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

Email: _____

List all Previous Vet Hospitals (within last 3 years): _____

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

Please Initial below for consent:

_____ I am 18 years of age or older.

_____ I am the owner, or responsible party and have the authority to execute this consent for the above-named animal(s).

_____ **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.

_____ **I understand the NO CALL/ NO SHOW POLICY:** Patients who fail to show for their appointments without notifying the office at least 24 hours prior to your scheduled appointment time OR an appointment for which the patient arrives more than 15 minutes after his/her scheduled time is subject to additional fees and repeated offenses may result in future care being refused.

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 my pet's information to hospitals/boarding facilities.

_____ **NO**, do not release any information on my pet.

Client Signature _____

Date _____

Please provide a copy of ID.