

Owner _____ Phone# _____
Address _____ City _____ Zip _____
Email Address: _____
Animal's name _____ Species _____ Breed _____
Color and Markings _____ Age _____ Sex _____

ANIMALS MEDICAL HISTORY

1. Vaccinations; please give the date last received.
Dogs - Distemper _____ Parvo _____ Rabies _____ Bordetella _____ Lepto _____
Cats - FVRCP _____ Leukemia _____ Rabies _____
Lab tests - Stool _____ Heartworm _____ Leukemia _____ FIV _____
2. Allergic to any medications or food? _____
3. Any previous injuries or surgery? _____
4. Any previous disease or parasites? _____
5. Brand of food fed _____
6. Previous medical forms can be requested from: _____
7. In case we are unable to contact you, please call: _____
8. Reason for today's visit _____

SOCIAL MEDIA CONSENT

Cactus Pet Hospital would like your permission to use images taken, case history of you and/or your pet on our social media and website pages.

YES, I authorize the use of my pet's picture and/or story

NO, I DO NOT authorize the use of my pet's picture and/or story

FINANCIAL RESPONSIBILITY: I understand that I will be expected to pay for services at the time of each visit. I further agree to pay all finance charges, collection costs, attorney fees, and other costs that may be incurred to enforce collection of any amounts outstanding.

In order to suit your individual needs - Which most applies to you:

1. I want the best medical care available for my pet; please recommend anything that you feel is necessary for good health.
2. I want good medical care for my pet, but there is a limit to what I can have done.
3. I want you to only perform the services I request.

How did you learn about our hospital? Hospital sign Internet _____
Veterinary referral _____ Personal recommendation _____
(Who may we thank?)

CONSENT FOR MEDICAL SERVICES

In the event of illness or if emergency care is needed, Cactus Pet Hospital will try to contact me first. If unable to reach me, I authorize them to treat my pet and assume full responsibility of payment for those services. In the event that my animal is not picked up within five days of the release date, the animal will become property of the hospital and will be dispositioned as required to settle the account.

We extend our knowledge and capabilities in order to serve you and your pet. However, medicine isn't an exact science and offers no guarantees. Therefore, we at Cactus Pet Hospital are unable to guarantee services. We do recognize and appreciate that you entrust the care of your special pet with us.

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ALL HOSPITALIZED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Please sign and date: _____