

Thank You for choosing Animal House Veterinary Clinic to provide your furry family members with the best veterinary care possible. Please complete the following so that we can become better acquainted with you and your furry family members.

PLEASE PRINT _____ DATE _____

YOUR NAME _____ **SPOUSE/OTHER** _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Work Phone _____

Email address _____ How did you hear about us _____

Other person(s) you allow to make decisions for your pet(s) care _____

Your Pet's Information

Pets Name	Dog	Cat	Allergies/Medical Condition	M	F	Spay/Neutered	Breed	Age/Birthdate

When and where were your pet's last vaccinations given _____

Do we have permission to call for records _____



Do we have permission to use your pets picture on Facebook ? YES NO

I give my permission for the staff at Animal House Veterinary Clinic to provide the best medical care available for my pets(s) and agree that payment is due in full when service are performed.

We accept Cash...Debit...Visa... Master Card.. American Express... Care Credit

Signature _____ Date _____

