Thank you for giving Foxwood Animal Hospital the opportunity to care for your pet(s). So that we may become better acquainted, please complete the following information.

Owner Information

Date:_____

Name_____ Spouse's Name_____
Address_____ City_____ State_____ Zip_____
Home Phone_____ Work Phone_____ Cell Phone_____
Emergency Contact_____ Phone Number_____
Email Address_____ SSN_____
Date of Birth_____ Drivers License Number_____
How did you become aware of our clinic? _____
Personal Recommendation (whom may we thank?) _____

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Patient Information

	Pet #1	Pet #2	Pet #3
Name	_____	_____	_____
Breed	_____	_____	_____
Approx. Age	_____	_____	_____
Color	_____	_____	_____
Sex (circle)	(Male or Female)	(Male or Female)	(Male or Female)
(circle)	(Neutered or Spayed)	(Neutered or Spayed)	(Neutered or Spayed)

Please check (☑) any symptoms or problems that you have noticed about your pet.

- ☐ Behavior Problems
- ☐ Bleeding Gums
- ☐ Breathing Problems
- ☐ Coughing
- ☐ Diarrhea
- ☐ Eye Bulging or Bloodshot
- ☐ Gagging
- ☐ Lack of Appetite
- ☐ Limping
- ☐ Loss of Balance
- ☐ Scooting
- ☐ Scratching
- ☐ Seems Depressed
- ☐ Shaking Head
- ☐ Sneezing
- ☐ Thirst and/or Urination Increased
- ☐ Vomiting
- ☐ Weakness
- ☐ Other _____

Any allergies to vaccinations or medication? _____

Is your pet on any special diets or medications? _____

*I hereby authorize the veterinarian to examine, prescribe for, and/or treat the above described pet(s). I assume responsibility for all charges incurred in the care of the animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment. I recognize that my failure to pay my account in full within ninety days after work and/or services are completeed may result in my balance being placed with a collection agency and possible listing with the credit bureau(s).

____(initial)

*I further agree, in order for you to service the account or collect any amounts i may owe, you may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me.

____(initial)

Guarantor/Owner Signature_____ **Date**_____