

WELCOME TO TLC VETERINARY HOSPITAL

Owner/Agent Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers _____

Email Address _____

Employer _____ Work Phone _____

Spouse Name & Phone _____

Emergency Contact & Phone _____

MUST BE COMPLETED (required to dispense controlled substances):

Driver's License # _____/DOB _____/

SSN _____

PET INFORMATION

Name _____ Dog/Cat/Other _____

Breed _____ DOB _____

Color _____ Male OR Female/Neutered OR Spayed

Prior Vaccines/Surgeries/Illnesses _____

Reason for Visit _____

Have we treated any of your other pets? If so, please list them. _____

**** I shall respect & maintain the confidentiality of all discussions, patient care information, & records. I will not post or share information or photos about patients, discussions, activities at TLC (including but not limited to: doctors, staff, & facility), in any form (including but not limited to: emails, websites, message boards, social media, & televised media). ****

**** I authorize the veterinarian to examine, treat, & prescribe for above listed pet. I assume complete responsibility for all charges incurred with this pet. I also understand these charges are due in full at the time of service & a deposit may be required. I agree to comply with all above terms. ****

Owner/Agent Signature _____

Date _____ Method of Payment _____