

Sharp Animal Hospital and Dental Care Center

586-293-4020

Today's Date: _____ **Patient ID #** _____ **Welcome card** _____ **Email Welcome** _____

Last Name: _____ **First Name:** _____ **Spouses Name:** _____

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

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Can we Text your cell phone? Y N

E-mail: _____ Email is required for Pet Portals. You will be able to access your pet's records 24-7 in case of an emergency.

Emergency Contact: _____ **Phone:** _____

Previous Veterinarian's Name: _____ **Phone:** _____

How did you hear about Sharp Animal Hospital

- _____ Phone book
- _____ Sign out front
- _____ JB Dollar Stretcher
- _____ Grooming
- _____ Friend or Relative
(May we send them a thank you?)
Name: _____
Address: _____
- _____ Explorer Truck Windows
- _____ Web site: www.sharpanimalhospital.com
- _____ Other

I'm coming in for the following

- _____ Medical problem
- _____ Emergency
- _____ Heartworm/Flea/Tick prevention
- _____ Vaccinations
- _____ Dental Care
- _____ Get Acquainted Exam
- _____ Other _____

	Patient #1	Patient #2	Patient #3	Patient #4
Patient Name				
Species (Canine or Feline)				
Breed				
Birth Date				
Color				
Sex (M, NM, F, FS)				
Microchip #				
Medical Alerts				
Allergies				
Vaccines				
Prior Surgeries				
Prior Illnesses				

Authorization

I hereby authorize the veterinarian to examine, prescribe for, and/ or treat the pet presented. Only after charges have been presented and agreed upon will I assume responsibility for all charges incurred in the care of my animal. **I also grant my permission to use my pet(s) photo for social media purposes.** _____ (Initials)

****I understand that payment is due upon services and that billing is not an option****

Signature of responsible party _____ **Date** _____

The information on this form is strictly confidential and is to be used only by this practice to provide care and treatment for your pet.