

## Dix Animal Hospital Client and Patient Information

### ***Client Information:***

Owner's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Last First  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Driver's License/ID: \_\_\_\_\_  
Email Address: \_\_\_\_\_ [ ] NO EMAIL ADDRESS

### ***How did you first hear of our hospital?***

\_\_\_ Hospital Sign \_\_\_ News Paper \_\_\_ Internet \_\_\_ Driving By \_\_\_ Individual; *May we thank someone?* \_\_\_\_\_

*We Consider Our Pet(s) As:* \_\_\_ Part of the family \_\_\_ Just as pets

### ***Patient Information:***

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Species: \_\_\_ Canine \_\_\_ Feline \_\_\_ Other Sex: \_\_\_ Male \_\_\_ Female \_\_\_ Spayed/Neutered Age/Birth Date: \_\_\_\_\_  
Last Vaccination Date: \_\_\_\_\_ Previous Veterinarian: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Species: \_\_\_ Canine \_\_\_ Feline \_\_\_ Other Sex: \_\_\_ Male \_\_\_ Female \_\_\_ Spayed/Neutered Age/Birth Date: \_\_\_\_\_  
Last Vaccination Date: \_\_\_\_\_ Previous Veterinarian: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
Species: \_\_\_ Canine \_\_\_ Feline \_\_\_ Other Sex: \_\_\_ Male \_\_\_ Female \_\_\_ Spayed/Neutered Age/Birth Date: \_\_\_\_\_  
Last Vaccination Date: \_\_\_\_\_ Previous Veterinarian: \_\_\_\_\_

I hereby authorize the staff at Dix Animal Hospital to render any treatment which is deemed necessary to my pet'(s) health while in custody of the hospital. I understand that in the event of an emergency circumstance, the staff will make every attempt to contact to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges given to me in person or over the phone. I understand that professional fees are to be paid in full at the time services are rendered, and a deposit is required on all pets admitted to the hospital.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

***We kindly accept payment in form of: cash - credit - care credit.  
Checks are not accepted. Payment is due in full, at the time of service.***