

# AMBASSADOR ANIMAL HOSPITAL CLIENT INFORMATION

Client Name \_\_\_\_\_ Spouse/Partner \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone \_\_\_\_\_ / \_\_\_\_\_ (Place a \* next to your mobile number)  
PRIMARY SECONDARY

\_\_\_\_\_ Please initial here if we have your permission to send text messages and pictures to your mobile phone. We will not send frequent messages, but we would like to be able to communicate with you when your pet is here for a surgical procedure or is boarding.

Email \_\_\_\_\_ Spouse/Partner's Email \_\_\_\_\_ Are you military? \_\_\_\_\_

Place of Employment \_\_\_\_\_ May we call you at work? \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

How did you find out about us? (Family/Friend, Online Search) \_\_\_\_\_

Can we thank anyone in particular for recommending us? \_\_\_\_\_

## PET INFORMATION

Name \_\_\_\_\_ Breed \_\_\_\_\_

Age/Date of Birth \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

Is your pet spayed or neutered? \_\_\_\_\_

Has your pet been vaccinated in the last 12 months? \_\_\_\_\_ If so, where? \_\_\_\_\_

Is your pet on any medications (including heartworm and flea/tick control)? \_\_\_\_\_

If so, please list \_\_\_\_\_

Are there other pets in the household? \_\_\_\_\_ If so, please list \_\_\_\_\_

\_\_\_\_\_ **Consent for the disclosure and use of images.** By initialing I consent to the use of my pet's image for purposes including, but not limited, to the Ambassador Animal Hospital website and Facebook page (where our Pets of the Month are featured).

**Payment is due in full at the time of discharge.** Unpaid accounts will be charged a 1.5% interest charge per month until the balance is paid in full.

**Required if paying by check:** Driver's License \_\_\_\_\_

**Owner's Release:** You are to use all reasonable precaution against injury, escape, or death of my pet. The hospital and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any issue that develops with my pet in my absence will be treated as deemed best by the veterinarian on duty and I assume all responsibility for the expenses for treatment. If I neglect to pick up my pet after 5 days of the scheduled release date and do not notify you within that time period, you may assume that the pet is abandoned and you are hereby authorized to make decisions for the pet as necessary.

**Owner/Responsible Party's Signature** \_\_\_\_\_