

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 while your pet is here for a surgical procedure or while boarding.

Email _____ Spouse/Partner's Email _____

Place of Employment and Work Number _____ May we call you at work? _____

Spouse's Place of Employment and Work Number _____ May we call them at work? _____

How did you find out about us? (Family/Friend, Online Search, etc.) _____

Can we thank anyone in particular for recommending us? _____ Are you military? _____

PET INFORMATION

Pet's 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).

_____ **Please initial understanding that PAYMENT IS DUE IN FULL AT THE TIME OF PET'S DISCHARGE.**

Unpaid accounts will be charged a 1.5% interest charge per month until the balance is paid in full.

Required ONLY if paying by check: Driver's License Number _____ Social Security Number ____ - ____ - _____

Owner's Release: Ambassador Animal Hospital is 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 issues that develop 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 of that treatment. If I neglect to pick up my pet after 5 days of the scheduled release date and do not notify the hospital within that time period, the doctors and staff may assume that the pet is abandoned and are hereby authorized to make decisions for the pet as necessary.

Owner/Responsible Party's Signature _____