



Date: \_\_\_\_\_

Owner \_\_\_\_\_

Co-Owner \_\_\_\_\_

**How did you hear about us? Please select all sources:**

Friend \_\_\_ Yellow Pages \_\_\_ Sign \_\_\_ Shelter \_\_\_ Internet \_\_\_ Other (please list) \_\_\_\_\_

\*If a friend or neighbor referred you, please write down their name: \_\_\_\_\_

**Home Address** \_\_\_\_\_

Street

Apt#

City

Zip

**Email Address** \_\_\_\_\_

**Preferred # (\_\_\_\_) \_\_\_\_\_**

**Other phone # (\_\_\_\_) \_\_\_\_\_**

**How do you preferred to be contacted?**  Phone  Email  Text

**(Any urgent information or updates will always be done by phone.)**

**PATIENT INFO:**

**Pet's Name:** \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Breed:** \_\_\_\_\_

**Age/DOB:** \_\_\_\_\_

**Age/DOB:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Color:** \_\_\_\_\_

**Male/Female**

**Neutered/Spayed**

**Male/Female**

**Neutered/Spayed**

I authorize TLC Pet Hospital to take pictures of my pet(s) for use on social media and in patient files.

We strive to make you a part of your pet's health care and understand you would like to be present for treatments. However, some treatments require restraint or special attention and for your safety these treatments must be done back in our hospital area. All fees must be paid at the time services are rendered. **WE DO NOT HAVE PAYMENT PLANS.** Deposits are **REQUIRED** for all hospitalized pets. I understand that any collection or legal fees incurred will be paid by me and all accounts over 30 days will be charged 18% interest.

**Party responsible for authorizing and Paying for services,  
Please sign below**

\_\_\_\_\_

**We reserve the right to terminate our relationship with any client who behaves ill-mannered or shows aggressive behaviors with another client or a member of TLC Pet Hospital staff. In the event we need to terminate this relationship, your pet's records will be mailed to the address on file.**