

Hometown Animal Hospital

(219) 662-5600

Thank you for choosing Hometown Animal Hospital to care for your pet! Please fill this form out completely so that we can serve you better. Thank you!!

Client Information

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Spouse _____ Cell Phone _____

Emergency Contact Name _____ Phone _____

How did you hear about us? (circle one)

Referral Sign Internet Yellow Pages Humane Society Other _____

Whom may we thank for your referral? _____

Pet Information

Name of pet(s) _____ Dog _____ Cat _____

Breed _____ Color _____

Birth date _____ Sex: M/F Spayed/Neutered (circle one)

Last vaccination date (month/year) _____

Previous veterinarian/clinic name _____

Authorization

I authorize Hometown Animal Hospital to examine and treat the pet(s) described above. I understand that the charges for these services must be paid for at the time of service, and that a deposit may be required. Payment may be made by cash or credit card. Personal checks may be accepted once you are an established client. There will be a \$20.00 fee for all returned checks.

Signature of owner _____ Date _____