

# Smithfield Animal Hospital



Thank you for your patronage. We look forward to providing excellent care to your pet.

First Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Last Name \_\_\_\_\_ Co-owners Cell \_\_\_\_\_  
 Co-owner \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
 City \_\_\_\_\_ Email#1 \_\_\_\_\_  
 State/Zip \_\_\_\_\_ Email#2 \_\_\_\_\_  
 What is your preferred method of contact? \_\_\_\_\_

Pet # 1	Pet # 2
Name _____	Name _____
Feline _____ Canine _____ Other _____	Feline _____ Canine _____ Other _____
Male _____ Female _____ Spayed _____ Neutered _____	Male _____ Female _____ Spayed _____ Neutered _____
Color _____	Color _____
Breed _____	Breed _____
Birthday _____	Birthday _____
Previous Diagnosis _____	Previous Diagnosis _____

**PHOTOGRAPHY CONSENT:**

I grant to Smithfield Animal Hospital the right to take photographs of me, my pet(s) and my property. I authorize Smithfield Animal Hospital the right to use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content, such as social media.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please let us know who to thank for referring you to our practice (please check all applicable)

Personal or Professional Referral \_\_\_\_\_

Google  Facebook  Walk-in  Previous Client  Other

**MISSED APPOINTMENT POLICY:**

I understand that any missed appointment will be subject to a missed appointment fee. This fee is the cost of an office visit. Missed appointment fees can be avoided by calling 24 hours ahead of appointment time to reschedule or cancel appointment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE READ AND SIGN:**

I understand and agree that Smithfield Animal Hospital is to receive payment as services are rendered. A deposit of 50% is required upon admission to the hospital or upon an extended stay in the boarding kennel and the balance paid when services are rendered.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use only (Initial & Date when complete)

Records Request \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ in \_\_\_\_\_ Records Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ in \_\_\_\_\_

Records Inputted \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ in \_\_\_\_\_