

Welcome

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank You!

REGISTRATION

Your Name _____ SS # _____ DL# _____

Spouse/Other _____ SS # _____ DL# _____

Address _____ If you will be writing a check we will need drivers license and social security.

Apt # _____ City _____ State _____ Zip Code _____

Home Ph _____ Cell _____ Work _____

Spouse Cell _____ Spouse Work Ph _____ Other Ph _____

Emergency Contact: _____ Phone: _____

E-mail address (please print) _____

Your Children's Names _____

How did you learn about our hospital? ? Yellow Pages ? Sign/Location

? Internet ? Recommendation

If recommended, by whom? _____

Number of pets: Dogs _____ Cats _____ Other (specify) _____

Would you like to be present during treatment to your pet? ? Yes ? No

We also appreciate your comments about making our practice better, if you will write your ideas in

The area below, we'll do our best to continually meet the expectations for quality care for your pet.

COMMENTS: _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner _____ Date _____

We accept ? Cash ? Check ? Master Card ? Visa

? Amer ? Disc ? Care Credit

Our Mission at Pierson Pet Hospital begins with honoring the human-animal bond by caring for your pets like family. We strive to identify and efficiently meet the total health care needs of each patient in our practice with courtesy, compassion and exceptional client service.