



# Blue Cross Animal Hospital



## Owner/Agent Information

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_ Apt #: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Emergency phone/contact \_\_\_\_\_

Email \_\_\_\_\_

## How did you hear about us?

\_\_\_\_\_

How would you prefer to receive your pet's reminders? (circle one)

E-mail

Standard Mail

## Pet Information

♥ Name \_\_\_\_\_

♥ Name \_\_\_\_\_

♥ Name \_\_\_\_\_

♥ Species \_\_\_\_\_

♥ Species \_\_\_\_\_

♥ Species \_\_\_\_\_

♥ Breed \_\_\_\_\_

♥ Breed \_\_\_\_\_

♥ Breed \_\_\_\_\_

♥ Color \_\_\_\_\_

♥ Color \_\_\_\_\_

♥ Color \_\_\_\_\_

♥ Sex \_\_\_\_\_ Neuter/Spay \_\_\_\_\_

♥ Sex \_\_\_\_\_ Neuter/Spay \_\_\_\_\_

♥ Sex \_\_\_\_\_ Neuter/Spay \_\_\_\_\_

♥ Birthday/Age \_\_\_\_\_

♥ Birthday/Age \_\_\_\_\_

♥ Birthday/Age \_\_\_\_\_

♥ Diet \_\_\_\_\_

♥ Diet \_\_\_\_\_

♥ Diet \_\_\_\_\_

♥ Last Exam/Vax \_\_\_\_\_

♥ Last Exam/Vax \_\_\_\_\_

♥ Last Exam/Vax \_\_\_\_\_

For the most complete care, we would like to obtain your pet's previous medical information. Name of last animal hospital your pet was seen at? \_\_\_\_\_

For the protection of your pet and others, all hospitalized and boarding patients must be current on all vaccines and free from internal and external parasites.

The staff of Blue Cross Animal Hospital thanks you for the opportunity to provide veterinary care for your pet family members.

## Authorization

I hereby authorize the veterinarians and staff of Blue Cross Animal Hospital to examine and treat my pets. I assume responsibility for all charges incurred in the care of my animals. I understand that these charges must be paid at the time of release and that a deposit may be required.

Signature of Financially Responsible Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

Entered by: (initials) \_\_\_\_\_