

Date _____

Owner (Dr. Mr. Ms. Mrs.) _____ Spouse/Other _____

Children (first names and ages) _____

Address _____ Apt/Lot No. _____

City _____ Zip _____

Home Telephone _____ Cell _____ Work Telephone _____

Email _____

Employer's Name & Address _____

Spouse's/Other's Employer & Address: _____

At what time? _____ and at what phone number _____ is the best time to call you?

How did you hear about us? Yellow Pages _____ Newspaper _____ Location _____ Other _____

Individual we may thank? _____

Reason for today's visit? _____

Do you know a friend who could use our service? _____

Name _____ Telephone # _____

I assume responsibility for all charges incurred in the care of this (these) animal(s). I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Owner or Responsible Party (Signature) _____

(must be 18 years of age)

Emergency Contact _____ Relationship _____ Phone # _____

Do you authorize the staff of Halifax Veterinary Center to release your pet's vaccine records to grooming and boarding establishments? Yes No

How will payment be made today? Checks/Debit Cash MasterCard/Visa

Pet Information	Pet A	Pet B	Pet C	Pet D	Pet E
Pet's Name					
Breed/Color					
Cat/Dog/Other					
Date of Birth					
Sex (neutered?)					
Prior Illnesses					
Date of Last Vaccination					
Last Heartworm Check					
Pet Leak Test/Vaccination					

TO KEEP OUR RECORDS ACCURATE, PLEASE FILL IN FORM COMPLETELY, THANK YOU.