

WELCOME
CENTERVILLE ANIMAL HOSPITAL
Phone: 770-979-6015 Fax: 770-979-0249

Date _____

Referred by: _____

Have you had a pet here before? **Yes / No**

Facebook__ Vet.com__

PLEASE PRINT

Internet__ Sign__

Owner's Name _____ Spouse/Other _____

Address _____ **HOME Phone** _____

CELL Phone _____

City, State _____ **Zip** _____ **County** _____ **E-mail** _____

Self: **Employer** _____ **Work Phone** _____

SS # / Drivers Lic# _____ **Date of birth** _____

Spouse: **Employer** _____ **Work Phone** _____

SS # / Drivers Lic# _____ **Date of birth** _____

PET INFORMATION

Pet's Name _____ **Dog** ___ **Cat** ___ **Other (Specify)** _____

Breed _____ **Color** _____ **Age/Date of birth** _____ **M F**

Has this pet been neutered? Yes / No If yes, when & where? _____

Date of most recent vaccines? _____ **Given where?** _____

Is your pet on any routine medications? If so, what? _____

Heartworm prevention? **Heartgard, Revolution, Advantage Multi, Trifexis, Other** _____

Flea prevention? **Advantage, Advantix, Frontline, Comfortis, Tritak, Other** _____

BOARDING POLICY

We can provide boarding facilities for your pets. For your pet's protection, **we do require that ALL vaccinations be current.** Dogs and cats alike require a **Bordetella (kennel cough)** vaccine every 6 months. In the event that your pet should become ill while staying in our care, we will take all necessary emergency action. We will make every effort to contact you. We ask that you leave an **emergency phone number** each time you board your pet.

Boarding charges begin on the day that the pet is brought in and continue each day until the day of pick up. If released **before 12:00 Noon**, there will be no charge on the last day.

PAYMENT POLICY

Payment is due at the time of service. We accept cash, checks, MasterCard, Visa, Discover and Care Credit. All unpaid balances will incur **1.5% (18% yr) finance charge at the end of each month.** All returned checks will incur a \$30.00 service charge.

MEDICAL AND SURGICAL RELEASE

I hereby consent and authorize Dr. Sherri Bradley, or any other doctor employed by Centerville Animal Hospital to receive, prescribe for, treat _____ (Pet's name).

DATE _____ **Owner/Representative** _____ **CAH14**