

Client Information



Owner/Client Name(s): _____

Street: _____

City/State/Zip: _____

Primary #: _____ Work #: _____ Secondary #: _____

Emergency Contact #: _____ Relationship: _____

Email: _____

Preferred method of communication (How would you like to receive reminders)?

- Email Text Mail

Previous Veterinarian/Clinic(s), if applicable: _____

May we contact to collect previous records: Yes No

How did you first hear about Seneca Animal Hospital?

- Sign/location
 Internet source (please circle):

Google

Yahoo

Facebook

Yelp

Other: _____

Friend (so we may thank them): _____

Other: _____

Pet's Name: _____

2nd Pet's Name: _____

Breed: _____

Breed: _____

Color(s): _____

Color(s): _____

Date of Birth: _____

Date of Birth: _____

Please circle: male / female / spayed / neutered

Please circle: male / female / spayed / neutered

Microchip? No / Yes, microchip #: _____

Microchip? No / Yes, microchip #: _____

Please list special needs for any of your pets. (Allergies, nutrition, vaccination reactions, fears, etc.):

Social Media Waiver (optional): I hereby give Seneca Animal Hospital permission to take photographs of me and my pet(s) for the purpose of posting on social media or advertising purposes. I hereby release and discharge Seneca Animal Hospital from any and all claims arising out of use of the photos. Approve Decline

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet(s). I assume responsibility for all charges incurred for the animal and understand that all fees are due at the time services are rendered. I authorize a 1% billing fee if an account has a balance due at the end of the month. Lastly, I am at least 18 years of age and have read this document fully and understand its content. **Initial:** _____

Signature: _____ Date: _____

Print name: _____