



**Preferred Method**

**of Contact:**  
(please check one)

- Call
- Text
- Email

Owner Information: **(Please print clearly)**

Name: \_\_\_\_\_ Spouse/Relative: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

Owner D.O.B: \_\_\_\_\_ Driver License#: \_\_\_\_\_ Email \_\_\_\_\_

**(This information is needed in the case that controlled medications are prescribed to your pet.)**

How did you hear about All Day Pet Hospital? Google: \_\_\_\_\_ Yelp: \_\_\_\_\_ Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_ Mail: \_\_\_\_\_ Other: \_\_\_\_\_

Were you referred to us? If so, who may we thank? \_\_\_\_\_

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## Authorization & Financial Information:

I hereby authorize All Day Pet Hospital and its Veterinarians to examine, prescribe for, and treat the above described pet. I release All Day Pet Hospital and its Veterinarian's from any liability related to any such care. \_\_\_\_\_ Owner/Agent Initial

I authorize All Day Pet Hospital to use my pet's likeness for social media/marketing purposes, including but not limited to use on their website(s) (Facebook & Instagram.) \*ADPH does NOT solicit/release any clientele information\* \_\_\_\_\_ Owner/Agent Initial

I assume full responsibility for all charges incurred and I understand that a deposit may be required for hospitalization and/or treatment. I understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED and agree to pay for services.

Owner or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(We accept: Cash/ Debit Card/ Discover/ Visa/ MasterCard/ American Express/ Care Credit)

**We offer MILITARY (Show ID) and SENIOR Discount (let us know)**

**Pet Information is on the back →**

## Pet Information 1:

Name of Pet: \_\_\_\_\_ Species: Dog \_\_\_ Cat \_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Sex: Male/Female, Spayed/Neutered: Yes/No

Is your pet currently on any medication or supplements? If YES please list the type of medication(s) and when last given:

\_\_\_\_\_

Does your pet have any known allergies or preexisting health conditions? \_\_\_\_\_

Is your pet on Flea Preventative? \_\_\_\_\_ Oral/Topical Name? \_\_\_\_\_

Is your pet on Heartworm Preventative (If YES, which one) \_\_\_\_\_?

If yes, did you bring medical records: **Yes / No** May we contact previous Veterinary Hospital to request past medical history? (May take up to 48 hours to receive medical records from another hospital):

Previous Veterinarian: \_\_\_\_\_

\_\_\_\_\_

## Pet Information 2:

Name of Pet: \_\_\_\_\_ Species: Dog \_\_\_ Cat \_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Sex: Male/Female, Spayed/Neutered: Yes/No

Is your pet currently on any medication or supplements? If YES please list the type of medication(s) and when last given:

\_\_\_\_\_

Does your pet have any known allergies or preexisting health conditions? \_\_\_\_\_

Is your pet on Flea Preventative? \_\_\_\_\_ Oral/Topical Name \_\_\_\_\_

Is your pet on Heartworm Preventative (If YES, which one) \_\_\_\_\_?

If yes, did you bring medical records: Yes/No? May we contact previous Veterinary Hospital to request past medical history? (May take up to 48 hours to receive medical records from another hospital):

Previous Veterinarian: \_\_\_\_\_

\_\_\_\_\_