

# Welcome

Welcome to Mt. Pleasant Animal Hospital, PC. We would like to thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you have about your pet's health. To ensure the best care for your pet, please fill out this form completely. Thank you.

Date \_\_\_\_\_

Owner \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Best phone # \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Email \_\_\_\_\_

SS# \_\_\_\_\_ or DL# \_\_\_\_\_ (required)

Spouse (other) \_\_\_\_\_ Phone # \_\_\_\_\_

## Pet Information:

Name \_\_\_\_\_ Dog  Cat  Other \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Birth date or approximate age \_\_\_\_\_

Male  Female  Spayed/Neutered? Yes  No

Reason for visit \_\_\_\_\_

Clinic where previous vaccinations were done \_\_\_\_\_

*If you have medical records with you, please hand them to the receptionist.*

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid for at the time of release and that a deposit may be required for surgical treatment.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

**Payment is required at the time of service or at time of discharge for surgical or hospitalized patients. We accept cash, all major credit cards, and Care Credit. WE DO NOT ACCEPT CHECKS. If you have concerns regarding payment, please discuss with a staff member prior to treatment.**