



PET OWNER INFORMATION

(Mr./Mrs./Miss/Dr.) First name: _____ Last name: _____

Cell: (_____) _____ Home: (_____) _____ Work: (_____) _____

(Mr./Mrs./Miss/Dr.) Spouse first name: _____ Last name: _____

Cell: (_____) _____ Work: (_____) _____ Other: (_____) _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ **To ensure you receive email reminders, please add auto@evetpractice.com to your email's address book to prevent your reminders from going into your SPAM folder.

Please list the name and contact number of anyone else authorized to bring in and make medical decisions concerning your pets:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

How did you hear about us?

Facebook ____ Hospital sign ____ Personal recommendation ____ (Whom can we thank? _____)

Other: _____

Payment is required at the time of service. WE DO NOT ACCEPT CHECKS

How will you be paying today? Cash Debit/Credit *Care Credit *If paying with Care Credit, the account holder MUST be present for us to accept payment. *Care Credit offers a 6-month interest-free payment plan - ask any staff member for more information!* **WE DO NOT ACCEPT CHECKS**

I hereby authorize the Zebulon Animal Hospital veterinarian(s) to examine, prescribe for, and treat all pets on my file. I assume responsibility for all charges incurred in the care of these pets. I understand that these charges will be paid at the time of service.

Do you give consent for Zebulon Animal Hospital to use your pet's photo on social media for promotional or educational purposes (or just because they're super cute! 😊)? YES NO

Signature _____ Date: _____

(PLEASE PROVIDE PET INFORMATION ON BACK)

Pet information

Name: _____ Age/Birthday: _____ Canine Feline

Breed _____ Color _____

Male Neutered Female Spayed

Does your pet have allergies? _____

Has your pet ever had a reaction to vaccines or medications? Yes No _____

List any major surgeries your pet has had: _____

Has your pet ever shown aggression, bit, or snapped at a person or animal? Please explain: _____

Name of previous veterinary hospital: _____

Pet information - - - - -

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