

Welcome
New Client!



Owner's Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Cell: _____ Home: _____ Email: _____

Alternate Contact Name: _____ Phone Number: _____

Pet's Name: _____ Species: Cat / Dog / Other: _____

Breed: _____ Color(s) : _____ Female / Male Spayed / Neutered / Unaltered

DOB / Age: _____ Microchipped: _____

Vaccination / Testing History: _____

Heartworm & Flea/Tick Prevention: _____

Previous Surgeries / Diagnosed Health Conditions: _____

Pet's Name: _____ Species: Cat / Dog / Other: _____

Breed: _____ Color(s) : _____ Female / Male Spayed / Neutered / Unaltered

DOB / Age: _____ Microchipped: _____

Vaccination / Testing History: _____

Heartworm & Flea/Tick Prevention: _____

Previous Surgeries / Diagnosed Health Conditions: _____

Initial: _____ I give HPAH permission to request previous medical records for my pets from _____
(Clinic Name)

Initial: _____ I allow Healthy Paws Animal Hospital to use photos of my pet(s) in my chart, for training purposes, and/or on website/social media.

How did you hear about us? _____

**** PAYMENT IS REQUIRED AT TIME OF SERVICES RENDERED ****

An estimate of services can be provided before or during your visit if requested. Healthy Paws Animal Hospital accepts payments in the form of cash, check, all major credit cards, and Care Credit. This healthcare credit card application process can be completed in as little as 10 minutes. If accepted, you will be provided with a variety of repayment options. Please note a \$30 fee will be charged to your account for any returned checks.

I certify that I am the owner or authorized agent of the above listed patient(s) and hereby authorize the veterinarian and staff of Healthy Paws Animal Hospital to administer treatment or diagnostics they see necessary. I assume full financial responsibility for all charges incurred and agree to pay such charges at the time of service or upon the release of the patient(s). I understand that any unpaid balance over 30 days is subject to a monthly service charge and may be sent to collections.

Owner Signature: _____

Date: _____