



Thank you for your patronage. We look forward to providing excellent care to your pet.

First Name _____ Cell Phone _____
 Last Name _____ Co-owners Cell _____
 Co-owner _____ Home Phone _____
 Address _____ Work Phone _____
 City _____ Email #1 _____
 State/Zip _____ Email #2 _____

What is your preferred method of contact? _____

Pet #1	Pet #2
Name _____	Name _____
Feline _____ Canine _____ Other _____	Feline _____ Canine _____ Other _____
Male ___ Female ___ Spayed ___ Neutered ___	Male ___ Female ___ Spayed ___ Neutered ___
Color _____	Color _____
Breed _____	Breed _____
Birthdate _____	Birthdate _____
Previous Diagnosis _____	Previous Diagnosis _____

Photography Consent

I grant to Smithfield Animal Hospital the right to take photographs of me, my pet(s) and my property. I authorize Smithfield Animal Hospital the right to use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

Signature _____ Date ____/____/____

Please let us know who to thank for referring you to our practice(Please check all applicable)

Personal or Professional Referral _____

Google Facebook Walk-in Previous Client other

PLEASE READ AND SIGN:

I understand and agree that Smithfield Animal Hospital is to receive payment as services are rendered. A deposit OF 50% is required upon admission to the hospital or upon an extended stay in the boarding kennel and the balance paid when services are rendered.

Signature: _____ Date ____/____/____

Office Use Only(Initial & date when complete)

Records Requested ____/____/____ in _____

Records Received ____/____/____ in _____

Records Inputted ____/____/____ in _____