

**Welcome!**

**Hog Mountain Animal Hospital, PC**

**770-614-9060 Fax: 770-614-9944**

Date: \_\_\_\_\_

Client Number: \_\_\_\_\_

Have you had a pet here before (circle)? Yes / No

Referred by: \_\_\_\_\_

**Your Information—Please Print**

Owner Name: \_\_\_\_\_

Spouse/Other: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Spouse/Other Phone: \_\_\_\_\_

Self, Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Spouse/Other Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Pet Information—Please Print**

Pet's Name: \_\_\_\_\_ Dog: \_\_\_\_\_ Cat: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age or DOB: \_\_\_\_\_ M F

Has this pet been spayed/neutered? Yes / No If yes, where and when? \_\_\_\_\_

Date of most recent vaccines? \_\_\_\_\_ Given where? \_\_\_\_\_

Is your pet on any routine medications? Yes / No If so, what? \_\_\_\_\_

Heartworm Prevention? Heartgard, Interceptor, Sentinel, Revolution, Trifexis

Flea Prevention? Frontline, Nexgard, Seresto Collar, Over the Counter

To your knowledge, is your pet allergic to any medications or vaccines? If so, please list them.

**Boarding Policy**

We provide boarding facilities for your pets. For your pet's protection, we do require that ALL vaccinations be current. Dogs and cats alike require a Bordetella (Kennel Cough) vaccine *every 6 months*. In the event that your pet should become ill while under our care, we will take all necessary emergency action. We will make every effort to contact you. We ask that you leave an emergency phone number each time you board your pet.

Boarding charges begin on the day that the pet is brought in and continue each day until the day of pick up. If released before 12:00 Noon or if being groomed on that day, there will be no charge on the last day.

**Payment Policy**

Payment is due at the time of service. We accept cash, checks, Visa, MasterCard, Discover, and debit cards. All unpaid balances will incur 1.5% (18% year) finance charge at the end of each month. All returned checks will incur a \$35.00 service charge.

**Medical and Surgical Release**

I hereby consent and authorize Dr. Larry Corry, Dr. Amy Young, or any other doctor employed by Hog Mountain Animal Hospital, PC to receive, prescribe for, treat my pet, \_\_\_\_\_ (pet's name).

Date: \_\_\_\_\_ Owner/Representative Signature: \_\_\_\_\_

