

WELCOME TO THREE SPRINGS ANIMAL HOSPITAL

Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely, Thank You!

Registration

Owner: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Spouse: _____ Cell Phone: _____ Work Phone: _____

Employer's Name & Address (owner): _____

Employer's Name & Address (spouse): _____

How did you hear about our hospital? Yellow Pages Hospital Sign Recommendation Other

If recommended by whom? _____ Are any of your pet's micro chipped? _____

Pet Health History

Name of Pet: _____ Dog Cat Other _____

Sex: Male Female Age: _____ Birthdate: _____ Breed: _____ Color: _____

Neutered/Spayed: YES NO What age was pet obtained? _____

From: Friend Breeder Pet Store Humane Society Other _____

Vaccination History (check all that pet has received):

- | | | |
|--|---|---|
| <input type="checkbox"/> Distemper (Dog) | <input type="checkbox"/> Feline Leukemia Vaccine | <input type="checkbox"/> Feline Leukemia Test |
| <input type="checkbox"/> Parvovirus (Dog) | <input type="checkbox"/> FVRCP (Infectious Disease – Cat) | <input type="checkbox"/> Fecal Check (Dog/Cat) |
| <input type="checkbox"/> Kennel Cough/Bordetella (Dog) | <input type="checkbox"/> Rabies (Dog/Cat) | <input type="checkbox"/> Heartworm Test (Dog/Cat) |

Please check any symptoms or problems you've noticed with your pet:

- | | | |
|--|--|---|
| <input type="checkbox"/> Appetite Loss | <input type="checkbox"/> Gagging | <input type="checkbox"/> Sneezing |
| <input type="checkbox"/> Behavioral Changes | <input type="checkbox"/> Gums Bleeding | <input type="checkbox"/> Thirst |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Limping | <input type="checkbox"/> Urination Increase |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Loss of Balance | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Scooting | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Scratching | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Eye Disorders _____ | <input type="checkbox"/> Shaking Head | <input type="checkbox"/> Other _____ |

Authorization

In the event that charges incurred are not paid in full at time of service and collection action is instituted within 90 days, whether by a collection agency, attorney or both, I agree to be responsible for and to pay, in addition to the charges for services, treatment and goods received, all costs associated with such collection activity including but not limited to reasonable interest, collection agency fees, attorney fees and court costs. You agree to reimburse us the collection fees of any collection agency, which shall be based on a percentage at a maximum rate of 33 1/3% of the amount due at the time your account is placed with collection agency, and all costs and expenses incurred for any collection efforts on your account, including reasonable attorney's fees incurred by the collection agency. This contract shall cover all medical treatments and services until revoked by either party in writing. I grant Three Springs Animal Hospital permission to post my pet's picture, name, and story to social media, TSAH website, and use for marketing purposes.

Signature of Owner: _____ Date: _____

Method of Payment: Cash Check Credit Card (AMEX, MC, Visa, or Discover)

Pet Health History

Name of Pet: _____ Dog Cat Other _____

Sex: Male Female Age: _____ Birthdate: _____ Breed: _____ Color: _____

Neutered/Spayed: YES NO What age was pet obtained? _____

From: Friend Breeder Pet Store Humane Society Other _____

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