

Welcome to Acorn Hill Animal Hospital!

Thank you for giving us the opportunity to care for your pet. We will support your pet's needs today and in the future. Please take a moment to share some important information.

(Circle One) Dr. Mr. Mrs. Miss Ms.

Your Name _____ Spouse/Other _____

Address _____ City _____ St _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____

****E-Mail addresses will not be solicited and are used solely for the purposes of reminders, vaccination certificates/records and alerts.****

Would you like to have reminders for appointments and annual vaccines for your pet sent via text message to your cell phone? () yes () no

How did you select Acorn Hill Animal Hospital?

() Individual, Who may we thank? _____

() Hospital Sign () Google () Facebook () Unleashed by PetCo () Yelp

() Other, please state: _____

FINANCIAL RESPONSIBILITY: *For your convenience we will prepare a Health Care Plan. (Please ask your doctor or nurse). This is important to you since all fees are due at the time services are rendered. There will be a \$25.00 fee for any check returned unpaid.*

PREVIOUS MEDICAL RECORD RELEASE: *Please bring any pertinent medical and vaccination history for your pets from previous veterinary care facility. By signing below, you authorize us to contact any previous facilities on your behalf. To prevent the spread of infectious diseases, all hospitalized pets must be current on all vaccinations and free from internal and external parasites.*

PHOTO CONSENT: *We love social media! Do we have your permission to share your pet(s)' image and story on social media, our website & other forms of related media? Your name and personal information will never be shared. () Yes, I authorize AHAH to share my pet's story & photo () No, I do not authorize.*

Signature _____ **Date** _____

Cat	Dog	Pet's Name	DOB or Approx. Age	Sex (M/F)	Spayed (F)/ Neutered (M)?	Breed & Color