

Staff Initials: _____



STIERN • SOUTHWEST • VETERINARY HOSPITALS

Owner: _____ Spouse/Other: _____
Phone: _____ Phone: _____
Drivers License: _____ Drivers License: _____
Employer: _____ Employer: _____
Work Phone: _____ Work Phone: _____

Additional Phone Numbers (please describe): _____
Address: _____ City: _____ State: _____ Zip: _____
Emergency Contact Name: _____ Phone: _____

In our efforts to be more environmentally conscience we are going paperless! Would you like to sign up for email and/or text and help us extend that effort?

Yes No Email: _____
Yes No Cell Phone: _____

How did you learn of our clinic?
Recommendation; who may we thank? _____
Yellow Pages Street Sign Other: _____

Would you like to request a particular Veterinarian in our practice? _____

Authorization/Payment Policy

- 1. Checks will be accepted by established clients and/or at the discretion of the office manager. First time clients will be asked to pay by Visa / Master Card, Am Express, Discover, Debit Card, Care Credit or Cash. We reserve the right to refuse check acceptance from any client, at any time.
2. I assume responsibility for all charges incurred in the care of my animals.
3. I understand that these charges must be paid at the time of services and that cases involving emergency treatment or intensive hospitalization will require 50% deposit of the total estimated fee for the services. The remaining balance must be paid when the patient is discharged or treatment is terminated.
4. I hereby authorize the veterinarian to examine, prescribe for and treat my pets.

Signature of Owner: _____ Date _____

Pet Health History

Pet Name: _____ Dog Cat Other
Breed: _____ Color: _____ Birth date: _____
Male Neutered Female Spayed
Vaccination History: Canine: DHLPP Rabies: Bordatella:
(Date of last Vaccine) Feline: FVRPRV Felv:
Last hospital pet seen at: _____

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Please list any additional pets on the back.