

Welcome to Amigo Animal Hospital!

Mr Mrs Ms Dr Owner Name: _____ Spouse: _____

Address _____ City, State _____ Zip Code _____

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

Email: _____ (email will only be used for reminders)

Social Security # _____ Driver's License # _____ State: _____

Employer: _____ Senior or Retired/Active Duty Military? Y / N

Please tell us how you heard about AAH: _____

Privacy Policy: Upon request, we may release your pet's medical history to other veterinary clinics or boarding facilities. AAH will not release your personal information without your knowledge and/or permission.

Financial Responsibility: You will be provided an itemized health care plan by your doctor or nurse. This is especially important because all fees are due at the time services are rendered.

Late or missed appointment policy: Our goal is to provide quality medical care in a timely manner. If you are late to your appointment, you may be asked to reschedule. AAH reserves the right to charge a "no-show" fee for missed appointments.

By Signing below, you agree to and will abide by the above stated policies:

Signature _____ Date _____

<u>Species</u> Dog, Cat, Bird, etc...	<u>Pets Name</u>	<u>DOB/Age</u>	<u>M/F</u>	<u>Spayed/ Neutered</u>	<u>Breed</u>	<u>Color</u>
			M / F	Yes / No		
			M / F	Yes / No		
			M / F	Yes / No		
			M / F	Yes / No		