



Welcome to
Dogwood Animal Hospital

To help us better serve you, please provide the
following information

Thank You

Date _____

Owner's Name _____ Spouse/Other _____

Home address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer's Name and Address _____

Spouse/Other's Employer and Address _____

At what time _____ and what phone # _____ is it best to call about your pet?

In case of EMERGENCY, please call _____ at phone # _____

Pet's Name _____ Age _____

Dog Cat Other _____ Sex: Male Neutered Unneutered
Breed _____ Female Spayed Unspayed
Color _____

Reason for visit _____

Previous veterinarian(s) _____

Has your pet been treated in the past year? Yes No

Specify problem(s) and medications, if known _____

How did you first hear of us? _____

I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid in full at the time of release and that a deposit may be required for surgical treatment.

Owner or Responsible Party _____

Driver's License Number _____ State _____

Consent for Release or Acquiring of Records:

I authorize Dogwood Animal Hospital to release or obtain medical information for any/all of my pets to/from other veterinary, boarding, and grooming facilities. Any other requests will require further written permission from myself.

Owner or Responsible Party _____