



Thank you for planning to visit our hospital! We look forward to being able to serve you and hope that you have a great visit with us.

Please take a moment to review and fill out the following information regarding you and your pet in the comfort of your home. This will help us to expedite your time upon check in.

Please call to let our staff know about your upcoming visit and how we might be able to help you. This will allow us to schedule you appropriately. The form may be submitted over the internet or brought in, which ever you may prefer.

If there are any other specific needs or requests you may have, please let us know.

## Client Information

Pet Owners Name(s)		
Address		
City	State	Zip
( ) - Home Phone Number	( ) - Cell Phone Number	
E-Mail [ <i>For Internal use only, reminders and newsletter, not sold or shared</i> ]		
Occupation	Employer	( ) - Work Phone
Emergency Contact Name	( ) - phone	e-mail
Please share how you learn about us? (Referrals receive a thank-you gratuity and are appreciated)		
Are there records at another hospital to be transferred? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, may we contact that hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of previous veterinary hospital		( ) - phone

## Patient Information

First Pet's Name		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			

You can return this form by:

US Mail to P.A.W.S. Pet Hospital, 4644 Victor Path, Hugo, MN 55110

eMail to Staff@PAWSPetHospital.com

FAX to (651) 203-3507

<b>Second Pet's Name</b>		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			

<b>Third Pet's Name</b>		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			

<b>Fourth Pet's Name</b>		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			

<b>Fifth Pet's Name</b>		Species (canine/feline)	Breed
Age / Date of Birth	Sex	Spayed/neutered	Vaccinations
Noteworthy traits, characteristics, tricks or other info you would like to share			
Medical conditions being treated			

For all care and treatment of your pet(s) that is **not life threatening**, an estimate will be provided to you before any therapy, treatments or diagnostic tests are performed. You are still responsible for paying the exam fee once your pet has been examined by the veterinarian whether or not you were given an estimate.

**PAYMENT INFORMATION: Payment is required at the time that services are provided.**

There is no billing/payment plan options or held checks. P.A.W.S. Pet Hospital, PLLC accepts payment in the form of Visa, MasterCard, Discover, Care Credit, check and cash.

I am the owner or agent for this pet and I have read and understood the information above or had it explained to my satisfaction. I authorize treatment of my pet as prescribed by the veterinarian(s) of P.A.W.S Pet Hospital PLLC and accept financial responsibility of the costs acquired at P.A.W.S Pet Hospital PLLC.

Client / Agent Signature \_\_\_\_\_ DATE: \_\_\_\_\_