



# Sheehy Animal Hospital

## CLIENT / PET INFORMATION SHEET

Owner's Name:

\_\_\_\_\_  
Last Name First Name MI Spouse's Name

Address:

\_\_\_\_\_  
Number Street City State Zip

Phone Numbers:

\_\_\_\_\_  
Home Cell/Work Cell/Work

Referred By:  Friend  Company  Yellow Pages  Hospital Sign  Internet

Client: \_\_\_\_\_  Veterinarian: \_\_\_\_\_

Other: \_\_\_\_\_  Website: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Species: \_\_\_\_\_ Sex:  M  F  Spayed/Neutered Birth Date/Age: \_\_\_\_\_

Does your pet have insurance: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Species: \_\_\_\_\_ Sex:  M  F  Spayed/Neutered Birth Date/Age: \_\_\_\_\_

Does your pet have insurance: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Species: \_\_\_\_\_ Sex:  M  F  Spayed/Neutered Birth Date/Age: \_\_\_\_\_

Does your pet have insurance: \_\_\_\_\_

I hereby consent to allow the use of video, image, name, or likeness in photographs and/or video of my pet(s). I release and discharge Sheehy Animal Hospital from any and all claims arising out of the use of the photos/videos. I am above the age of 18 and I have read this document and fully understand it's contents.

Authorize  Decline

### Please Sign The Following Authorization For Treatment

I hereby authorize the staff of Sheehy Animal Hospital to render any treatment which is deemed necessary to my pet(s) health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

\_\_\_\_\_  
Signature: Owner, Agent, Good Samaritan (circle one)

Please Circle Your Method of Payment    Cash    Visa    Mastercard    Discover    AmEx    Care Credit    Check