



Owner: _____ Spouse/Additio..... Owner: _____

Address: _____
 Street City State Zip Code

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

Additional Authorized Contact Name and Number: _____
 You authorize us to speak to this person about your pet's care in the event we cannot reach you.

Email: _____

How did you hear about us? Family/Friend Website Internet Location
 If you were referred by a client, please tell us who so we can say thank you. _____

New Patient(s) Information

Pet's Name: _____
Dog Cat Other
 Sex: Male Neutered Female Spayed
 Color: _____ Birthday/Age: _____
 Previous Health Issues: _____

Pet's Name: _____
Dog Cat Other
 Sex: Male Neutered Female Spayed
 Color: _____ Birthday/Age: _____
 Previous Health Issues: _____

Name and number of your pets' previous veterinarian? _____

Do you authorize the staff of Halifax Veterinary Center to release your pet's records? Please check all that apply:

Boarding facility Grooming Facility Specialist Other Professional Other None

We love social media! We would like your consent to share your pets' image on our social media and website. Your full name and personal information will never be used. Yes, please make my pet a star!! No thank you my pet is shy.

If you must cancel an appointment, we ask for 24 hours' notice. If cancelling a surgical appointment, we ask for 48 hours' notice. A late cancellation or frequent cancellations may result in a fee being applied to your account.

Current vaccinations are required by Halifax Veterinary Center before we may admit any animal for any reason. These measures are taken to protect the well-being of all animals within our hospital.

Treatment Consent: I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that payment is always due in full at the time of service. I recognize that financial concerns should be discussed prior to exam and treatment. For your convenience we accept Visa, Mastercard, American Express, Discover, Care Credit, cash and checks with proper identification. Please stop at the reception desk to review and pay for services.

I confirm that the above information is correct and that I am the owner or authorized agent of the patient(s) listed above.

Signature _____

Date _____