

**ANDES-STRALEY VETERINARY HOSPITAL
OWNER/PATIENT INFORMATION SHEET**

Owner's Name: _____ Phone: _____

Spouse Name: _____ Cell Phone: _____

Street Address: _____ Email _____

City: _____ State: _____ Zip: _____

Owner's Driver's License #: _____ State: _____

Owner's Place of employment: _____ Phone: _____

Spouse's employment: _____ Phone: _____

Emergency contact name: _____ Phone: _____

How did you hear about us? _____

If recommended, by whom? _____

Pet's Name: _____ Dog Cat Other: _____

(Circle One): Male Female Neutered Male Spayed Female

Breed: _____ Color: _____ Birth date or age: _____

Date of most recent vaccinations: _____ Administered by? _____

Known allergies to medications, vaccines, etc? _____

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PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. We accept all major credit cards, checks, cash and CareCredit. We do not offer any payment plans.

I affirm that the above information is true and correct to the best of my knowledge. I also accept responsibility for payment of all goods and services as stated above.

Signature: _____ Date: _____

***I give permission for Andes-Straley Veterinary Hospital to post photos of my above pet(s) on social

Media and/or Websites Signature: _____ Date: _____