

# South Hills

Animal Hospital since 1982

We are glad to have the opportunity to care for your pet. Our mission is to provide compassionate care by our dedicated experts. To ensure exceptional service, please fill out this form completely.

**Owner Last Name:** \_\_\_\_\_ **Owner First Name:** \_\_\_\_\_

Secondary Owner Name, if any: \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt./Unit # (if applicable):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Emergency Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Pet's Name:** \_\_\_\_\_ **Canine/Feline:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Male or Female:** \_\_\_\_\_ **Spayed/Neutered Y/N?:** \_\_\_\_\_ **Color:** \_\_\_\_\_

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How did you hear about us?

Recommended by: \_\_\_\_\_ Facebook [ ] Yelp [ ] Walk-In [ ] Family/Friend [ ]

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

I hereby authorize the veterinarian to examine, prescribe for, or treat for the above-described pet. I assume responsibility for all charges incurred in the care of my pet(s). I also understand that all professional fees are due at the time services are rendered. I verify that all the information provided is accurate. I hereby grant full permission to South Hills Animal Hospital to utilize photograph(s) or images of the above described pet(s) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my pet's photograph and/or name.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_