

# Welcome to Stine Veterinary Hospital!

## Owner Information

Name \_\_\_\_\_ Spouse \_\_\_\_\_  
 Address \_\_\_\_\_ (City/St./Zip \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Place of employment: \_\_\_\_\_  
 Drivers License# \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED**

How did you become aware of our hospital? Drove by / Yellow Pages / Previous Client  
 Internet: Google / Facebook / Yelp / Bing / YP / Other: \_\_\_\_\_

Personal recommendation (Whom may we thank?) \_\_\_\_\_

<b>Patient Information</b>	<b>Pet # 1</b>	<b>Pet # 2</b>	<b>Pet # 3</b>
Animals Name			
Dog or Cat			
Breed			
Color			
Age or DOB			
Sex/Spayed or Neutered	Male Female Altered	Male Female Altered	Male Female Altered
<b>Vaccine/History</b>	<b>List Dates</b>	<b>List Dates</b>	<b>List Dates</b>
<i>K-9 / Feline Rabies</i>			
<i>K-9 / Feline Bordetella</i>			
<i>K-9/Feline Fecal test (stool sample)</i>			
<i>K-9 / Feline Heartworm test</i>			
<i>K-9 only Distemper/Parvo</i>			
<i>Feline only Upper Respiratory/FELV</i>			
<i>Feline only FIV</i>			
FELV/FIV test?			
Any Thing we should Know about your pet(s)?			

**\*\*PAYMENT IS DUE UPON SERVICE.** We accept, cash, debit, Visa, MasterCard, Discover, American Express or Care Credit. By signing this form you acknowledge that you are the owner or authorized agent of the pet(s) listed. As such, you assume all financial responsibility for charges incurred and agreed to pay such charges at the time your pet is released.

Signature \_\_\_\_\_ Date: \_\_\_\_\_