



Welcome to Amici Pet Hospital

We are pleased to welcome you to our practice. Please take a few minutes to fill out the following form as completely as you can. We look forward to working with you in maintaining your pet's health!

Client Information

Owner Name: _____ Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Owner D.O.B _____

Email Address: _____ Email reminders? Yes No

How did you hear about us? _____

Patient Information

Patient Name: _____ Breed: _____

Coat Color: _____ Sex (Circle) : Male/Female Spayed/Neutered

Age/D.O.B : _____

Reason for Visit: _____

Okay to post pictures of your pet to social media? Yes No

By signing below you are consenting to the examination and treatment of your pet, acknowledge that you are 18 years if age or older and that you will be financially responsible for the fees incurred for the patient described above. You will be charged for an examination fee and once the exam is completed you may ask for an estimate of anticipated fees before treatment begins. Full payment will be due at the time your pet is picked up or at the time service is provided. You are giving Amici Pet Hospital permission to release the medical record of this patient with other veterinary hospitals and services in an effort to have a collaborative treatment plan.

Please be aware that NO after hours emergency services are available at this time. We are happy to give information on local 24-hour emergency hospitals, and information is also posted at hospital entrance.

I have read and fully understand this authorization for treatment and assumption of financial responsibility.

Signature of Owner/Responsible Agent: _____ Date: _____

Printed Name of Owner/Responsible Agent: _____