



# One Love Animal Hospital

## Client and Patient Information

Owner/Agent: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Apt#: \_\_\_\_\_ City: \_\_\_\_\_ Species:  Dog  Cat  Rabbit  Avian  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  Other: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Breed: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Color: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Sex:  Male  Female  Neutered  Spayed  
Email: \_\_\_\_\_ Number of Pets in Household: Dogs \_\_\_ Cats \_\_\_  
Co-Owner: \_\_\_\_\_ Other \_\_\_\_\_  
Relation \_\_\_\_\_ Your Pet is:  Indoors/Outdoors  Indoors Only  
Phone: \_\_\_\_\_  Only Outdoors  
Your Pet's usual diet is: \_\_\_\_\_  
Insurance: \_\_\_\_\_

How did you find out about us? :  Advertisement (Where?) \_\_\_\_\_

Yelp  onelovevet.com  Referred by \_\_\_\_\_

Who may we thank for the referral? \_\_\_\_\_

**Payment Terms:** Payment is required when services are rendered. We accept **CASH, VISA, MASTERCARD, AMERICAN EXPRESS, and DEBIT CARDS.** A deposit of 50% of the low end of your estimate is required on all patient admissions and the **balance is due upon patient discharge.**

**Client Agreement:** I understand; affirm that I am at least 18 years of age. I give permission to One Love Animal Hospital to perform diagnostic, surgical, and medical treatment as deemed advisable. It is understood that such procedures of medical treatment will be discussed with me before proceeding except emergency situations. In cases of surgery and medical procedures, is not possible to determine in advance the extent of treatment required, and I understand that the actual cost may be lower or higher than the estimate presented to me. I assume financial responsibility for all charges incurred, and agree to pay all such charges at the time services are rendered. I also understand that if I fail to pick up my pet, the animal will be considered abandoned. IN doing so , I understand that this does not relieve me from my financial obligation. Additionally, I understand that in the event of non-payment I will be subject to all billing toward further care and finance/collection charges associated with my account. I also understand that One love Animal Hospital is not responsible for any items left with my pet, including and not limited to, carriers, leashes, toys, clothing, etc.

Owner/Agent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Agent Printed Name: \_\_\_\_\_