



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: _____