

**Welcome to Robinson Animal Hospital!**

If we need to thank anyone for a referral, please tell us: \_\_\_\_\_

Client Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Client Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact information of other person(s) who may make decisions or take responsibility for your pets (other than yourself or spouse): \_\_\_\_\_

Pet Information- Name: \_\_\_\_\_ Species: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Color/Markings: \_\_\_\_\_

Sex: Male\*\* \_\_\_\_\_ Male neutered \_\_\_\_\_ Female\*\* \_\_\_\_\_ Female Spayed \_\_\_\_\_

\*\*Is this pet going to be bred or do you plan to have him/her altered? \_\_\_\_\_

This pet is mostly indoor OR outdoor. \_\_\_\_\_ Is this pet micro chipped? Yes / No

Is this pet on heartworm prevention? Yes / No If yes, what type is given? \_\_\_\_\_

Is the pet on flea control? Yes / No If yes, what type is being used? \_\_\_\_\_

Please list any on-going or chronic problems: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications your pet is on: \_\_\_\_\_

Any known drug allergies and/or vaccine reactions: \_\_\_\_\_

Previous Veterinarian: \_\_\_\_\_

Should **Robinson Animal Hospital (RAH)** need additional information from previous veterinarian, your signature authorizes **RAH** to obtain said information.

**Robinson Animal Hospital (RAH)** looks forward to a long term relationship with you and your pet(s). Your signature below authorizes **RAH** to treat your pet with the understanding that payment is due at the time of services. An estimate of services is available, but it is only an estimate of a treatment plan. As with any medical treatment, exact knowledge of treatment length and extensiveness is not always possible in advance. For emergencies and drop-offs, a deposit may be required. **Any unpaid balance may be referred for collections, resulting in additional fees.**

Preferred Payment Method: Cash Debit/Credit Card Check\*

\*Please provide Driver's License Info: \_\_\_\_\_

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