

MIRACLE HILLS ANIMAL HOSPITAL, P.C.

CLIENT INFORMATION

Name _____ Spouse's Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Work Phone # 1 _____ Work Phone # 2 _____
Cell Phone # 1 _____ Cell Phone # 2 _____
Place of Employment _____ Best time to reach you _____
Email Address _____

All fees are due at the time services are rendered

Please circle choice of payment: Cash/Check Credit/Debit Card
How did you become aware of our clinic? (Please Circle Below)
Personal Letter Yellow Pages Drove by Website Humane Society
Personal Recommendation from _____

AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT

I HEREBY AUTHORIZE THE DOCTOR ON DUTY (AND ASSSISTANTS THE DOCTOR MAY DESINGATE) TO ADMINISTER TREATMENT AS IS CONSIDERED THERAPEUTICALLY AND/OR DIAGNOSTICALLY NECESSARY ON THE BASIS OF FINDINGS DURING THE COURSE OF EVALUATION. I ALSO CONSENT TO THE ADMINISTRATION OF SUCH ANESTHETICS AS ARE NESSARY FOR SURGICAL PROCEDURES OF AN EMERGENCY NATURE.

I HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE AUTHORIZATION FOR MEDICAL AND/OR SURGICAL TREATMENT, THE REASONS WHY THE SURGERY IS CONSIDERED NECESSARY, ITS ADVANTAGES AND POSSIBLE COMPLICATION, IF ANY, AS WELL AS POSSIBLE ALTERNATIVE MODES OF TREATMENT WHICH ARE EXPLAINED TO ME BY THE DOCTOR. I ASSUME FINANCIAL RESPONSIBILITY FOR ALL CHARGES INCURRED TO THE PATIENT, CONSENT TO RELEASE OF MEDICAL INFORMATION, AND AUTHORIZE DIRECT PAYMENT TO THE ABOVE NAMED HOSPITAL.

I UNDERSTAND AND AGREE THAT ALL PATIENTS MUST BE PROMPTLY REMOVED UPON NOTICE TO ME BY THE DOCTOR ON DUTY OR BY ASSISTANTS THE DOCTOR MAY DESIGNATE. UNLESS SPECIAL ARRANGEMENTS HAVE BEEN MADE BY ME WITH THE DOCTOR ON DUTY. ALL PATIENTS LEFT AT THE CLINIC FOR MORE THAN TEN (10) DAYS AFTER SAID NOTICE HAS BEEN GIVEN MAY BE DISPOSED AS THE DOCTOR DEEMS FIT. IF I FAIL TO REMOVE SAID ANIMAL BY THE END OF SAID THEN (10) DAY PERIOD I WILL BE RESPONSIBLE FOR ANY ADDITIONAL CHARGES INCURRED BY THE DOCTOR ON DUTY IN DISPOSING OF SAID ANIMAL.

SIGNATURE OF OWNER _____

PATIENT INFORMATION

Any previous serious illnesses or surgeries? _____
Any allergies to vaccinations or medications? _____
Is your pet on any special diets or medications? _____

	Pet # 1	Pet # 2	Pet # 3
NAME			
BREED			
DATE OF BIRTH			
COLOR			
SEX: SPAYED OR NEUTERED			
VACCINATION HISTORY- DOG			
RABIES			
DHLP PARVO			
BORDETELLA			
FECAL (STOOL SAMPLE)			
HEARTWORM TEST/PREVENTION?			
VACCINATION HISTORY- CAT			
RABIES			
LEUKEMIA TEST/ VACCINATION			
FVRCP FELINE DISTEMPER			
FECAL (STOOL SAMPLE)			