

Hinckley Animal Hospital

1287 Ridge Rd. Hinckley, Ohio 44233

(330) 278-4700

hah.clientservices@gmail.com

LIKE US ON FACEBOOK- Hinckley Animal Hospital

Welcome to Hinckley Animal Hospital. We appreciate the confidence you have shown in us by giving us the opportunity to care for your pet. To insure the best possible care, please fill in this form as completely as possible and return it, along with any previous medical records you might have for your pet, to the receptionist.

CLIENT INFORMATION

Your name: _____

Address: _____ City/State/Zip _____

Phone: Home _____ Cell _____

E-mail: _____

Spouse or Secondary contact information

Name: _____ Relationship: _____

Phone: Home _____ Cell _____

PET INFORMATION

Pet's name: _____ Dog Cat _____

Sex: M F Neutered/Spayed? Y N If yes, at what age? _____

Date of Birth (or Age): _____ Breed: _____ Color: _____

Vaccination History: _____

Date of last Heartworm Test or Feline Leukemia Test: _____

If this is a cat, what percentage of it's time is spent outdoors? _____

List any current medications or supplements: _____

Brand of food: _____

Previously Veterinarian: _____

How did you learn about our practice? _____

AUTHORIZATION

I hereby authorize the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept cash, check, VISA or MASTERCARD.

Signature of client responsible for pet(s) _____ Date _____