



Client Information

First Name: _____ Last Name: _____ (Circle): Mr. Mrs. Ms. Dr.
Address: _____

(Number) (Street) (Apt #) (City, State) (Zip)
Primary Phone #: (_____) - _____ - _____ Type (cell, home, etc.): _____
Secondary Phone #: (_____) - _____ - _____ Type (cell, home, etc.): _____
Email: _____ Permission to contact: Y or N
Co-Owner's Name: _____ Relationship: _____ Phone #: (_____) - _____ - _____
How did you hear about us? _____

Patient Information

Name: _____ Age or date of birth: _____ Gender: _____ Spayed/Neutered: Y or N
Breed: _____ Color: _____ Reason for visit: _____

At what hospital was your pet last vaccinated, and when? _____
Did you bring vaccine records with you today? Y or N (If yes, skip vaccine information section below)
Previous Vaccine Information (*Please circle Yes or No*):
Cats- Rabies: Y or N Leukemia: Y or N FIV (Aids): Y or N Combo Test: Y or N
Dogs- Rabies Y or N Distemper Y or N Lepto: Y or N Bordetella: Y or N

Hawthorne Animal Hospital requires full payment for services at the time of treatment.
We accept cash, Visa, MasterCard, Discover, American Express, and CareCredit.
Please note: WE DO NOT ACCEPT CHECKS.
Prior to hospitalization and/or boarding, a 50% deposit may be required.

Safety Policy

For the safety of the staff & pet owner, Hawthorne Animal Hospital requires the following at time of arrival:

- All pets must be secured on a leash or in a pet carrier
- Animals that bite must be wearing a muzzle
- All patients must be current on Rabies vaccine
- All patients will be flea combed and given a Capstar for a charge of \$10 if evidence of fleas is present

By my signature below, I agree to pay all charges when services are rendered.

Signature: _____ Date: _____