

CANFEL CARE ANIMAL HOSPITAL

Owner's Name: Mr., Mrs., Miss, Dr. _____
Last First MI

Address: _____
Street City State Zip

Phone Numbers: _____
Home Work Cell

Spouse's Name: _____
Work Phone No. Cell

Driver's License No.: _____ **State:** _____ **D.O.B.** _____

Email Address: _____

How did you hear about our hospital?

Referral Other _____ If referral, whom do we thank? _____

(1) Pet's Name: _____ **Breed:** _____ **Age:** ____ **Color:** _____

Species: _____ **Sex:** M F **Spayed/Neutered?** Yes No

(2) Pet's Name: _____ **Breed:** _____ **Age:** ____ **Color:** _____

Species: _____ **Sex:** M F **Spayed/Neutered?** Yes No

(3) Pet's Name: _____ **Breed:** _____ **Age:** ____ **Color:** _____

Species: _____ **Sex:** M F **Spayed/Neutered?** Yes No

Please Check One of the Following:

- I want the BEST medical care for my pet: please recommend and perform everything that needs to be done.
 I want good care for my pet but there is a limit to what I am able to have done: please give me an estimate before proceeding
 I want you to perform ONLY the services I request

Please Read and Sign the Following Authorization for Treatment

I hereby authorize the staff of the Canfel Care Animal Hospital to render any treatment that is deemed necessary to my pet(s) health while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every effort to contact my designated representative or myself if time permits, before proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or over the telephone. **I further understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital for laboratory tests or treatment. No billing or credit is currently available through our office.**

Please indicate your choice of payment:

Cash Check MC/Visa Discover AMEX ATM/DEBIT

Signature: Owner Agent Good Samaritan