

# Welcome to Havelock Animal Hospital

**NOTE:** Please print off the form, fill it out and email it to [havelockanimal@gmail.com](mailto:havelockanimal@gmail.com) or fax it to 252-447-7444.

Your Name: \_\_\_\_\_ Spouse or Other: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

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

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

**\*In case of emergency, please contact (MUST BE DIFFERENT THAN CLIENT'S NAME):**

**Name :** \_\_\_\_\_ **PH:** \_\_\_\_\_

Reminder Preference: (Please Circle Preferred Option)

Post Card   E-Mail   Text   Phone Call

Authorization: I hereby authorize the Veterinarian to examine, prescribe for, or treat the below listed pet(s). I assume responsibility for all charges incurred in the care of this animal. (1) I understand there is no billing and charges are due upon checkout. (2) A deposit may be required for surgical or extensive treatment, if an estimate is desired please ask a technician in the exam room.

**Please initial that you acknowledge authorization:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*A Copy of DRIVERS LICENSE or STATE ISSUED PHOTO ID is required\***

## Your Pet's Health History

1. Pet Name : \_\_\_\_\_ DOB/Age : \_\_\_\_\_

Sex : Male or Female & Is the pet : Neutered (M) or Spayed (F)

Breed : \_\_\_\_\_ Color : \_\_\_\_\_

Microchip # : \_\_\_\_\_

2. Pet Name : \_\_\_\_\_ DOB/Age : \_\_\_\_\_

Sex : Male or Female & Is the pet : Neutered (M) or Spayed (F)

Breed : \_\_\_\_\_ Color : \_\_\_\_\_

Microchip # : \_\_\_\_\_