

New Client Information

Pet Owner's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Spouse or Co-Owner _____ Work Phone _____

Emergency Contact _____ Home Phone _____

How did you hear about us? On Yelp? Yellow Pages? Website? Facebook? Referral? _____

Pet Information

Pet's Name _____

Birth Date _____

Species _____ Breed _____ Color _____

Female Spayed YES NO

Male Neutered YES NO

Microchip Identification # _____

Are there other pets in your household? YES NO

If yes, please indicate quantity below:

Dogs _____ Cats _____ Birds _____ Reptiles _____ Ferrets _____

Other (Please specify) _____

Medical Conditions

(allergies, drug reactions, heart conditions, etc.)

Medical Records

Name of hospital where they can be obtained _____

Current Medications or supplements

Vaccination History

(indicate the date (month/year) your pet received the following vaccinations)

Canine Distemper / Parvo _____

Coronavirus _____ Lyme _____

Rabies _____ Bordatella _____

Feline Distemper _____ Rabies _____

Feline Leukemia _____

Other _____

Nutrition

Dry Brand _____

Canned Brand _____

Table Scraps? YES NO

Dental Care

Do you brush your pet's teeth? YES NO

Date of last dental cleaning? _____

OUR FINANCIAL POLICY

ALL fees are due at the time of service. Major medical or surgical cases will require a 50% deposit with remaining balance due before release. We gladly accept cash, debit, Mastercard, Visa, Discover cards. We also accept Care Credit. We are unable to accept personal checks. I have read and understand the financial policy.

SIGNATURE _____

PECOS- RUSSELL ANIMAL HOSPITAL
BOARDING AGREEMENT

All animals admitted for boarding must have current vaccinations on file or owner must submit proof by receipt or name of local veterinary hospital at which immunizations were done. All animals admitted for boarding must be free of all external parasites (fleas, ticks, etc.). Animals with parasites will be treated at owner's expense. Animals requiring daily medications will be charged a small additional daily fee for their administration.

Special diets, toys, treats, or belongings may be left with the animal. All dogs are walked a minimum of twice daily and the doctor observes all pets daily.

ALL ANIMALS WILL BE RELEASED FROM BOARDING DURING HOSPITAL HOURS ONLY.

Pecos-Russell Animal Hospital is not responsible for any lost, damaged, or stolen items that are left for the duration of boarding.

Any extended boarding past original pick-up date must have additional payment made. Boarders left 10 days beyond original pick-up date without payment can be subject to abandonment laws.

PLEASE READ THE FOLLOWING AND SIGN: I am aware there are no staff members present during overnight hours. I hereby authorize Pecos- Russell Animal Hospital to treat any emergency condition which may arise with my pet by administering "first-aid" measures i.e., blood work, x-rays, and fluid therapy. "Heroic measures" i.e., surgery, blood transfusions, etc. will not be done without my explicit permission.

Signed _____

Date _____

Emergency Contact # _____

Emergency Contact # _____