

Welcome to Arden Animal Hospital

Primary Name : _____ Employer: _____

Contact Info: Cell _____ Work _____ Home _____

Address: _____ Zip _____

Email Address (for reminders, newsletters, & communication): _____

Secondary Name: _____ Relationship: _____

Contact Info: Cell _____ Work _____ Home _____

Whom may we thank for referring you/how did you hear about us? Please circle one

Friend (Name):	Location / Sign	Another Vet Clinic (Name):
SAAC	Google Review	Yelp Review
Facebook	Nextdoor	Angie's List

Patient Information

Pet Name:	Pet Name:
Age / Birthdate:	Age / Birthdate:
Sex: Male Male Neutered Female Female Spayed	Sex: Male Male Neutered Female Female Spayed
Breed: Color:	Breed: Color:

What animal clinic can we call to obtain your pet's medical records: _____

All medical services and prescriptions must be paid in full at the time they are rendered. We accept Visa, MasterCard, Discover, Amex, debit cards, cash, checks and Care Credit. I understand I will be held liable and financially responsible for any services that are performed for my pets, including necessary services my pet needs if my pet is sick/injured and brought to Arden Animal Hospital for medical care and I'm unable to be reached.

As the owner/agent of these pets, I understand and will abide by the above statements.

Signature: _____ Date: _____

We sometimes use patient pictures, x-rays and video for our handouts, website, or social media for educational purposes. There is no compensation offered for these actions. Do we have your permission to share this type of information about your pets?

Approve: _____ (initials) Decline: _____ (initials)

If your pet is lost, do you give us permission to give your contact info to a Good Samaritan that may have your pet if we cannot reach you?

Approve: _____ (initials) Decline: _____ (initials)

For hospital use

Account No: _____ [] Input [] Scanned