



**Welcome to Perry Hall Animal Hospital!**

Thank you for allowing us to care for your four-legged family member(s). To ensure that your pet(s) receive the best possible care, please take the time to fill out this form. Thank you and welcome to the PHAH-mily!

**Owner's Information**

Owner's Name: \_\_\_\_\_

Co-Owner's Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Primary phone: cell / home / work

E-Mail Address: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

**How did you hear about us?**

Recommendation, whom may we thank? \_\_\_\_\_  
 Phonebook/Newspaper     Building Sign     Local Fair     Vehicle Sign  
 Google Search     Veterinarians.com     Other Internet     Payment Plans  
 Yelp!     Local Mailer     Social Media/Facebook  
 Other (please specify) \_\_\_\_\_

**Pet Information**

	<b>Pet # 1</b>	<b>Pet # 2</b>	<b>Pet # 3</b>
<b>Pet's Name</b>			
<b>Dog/Cat</b>			
<b>Breed</b>			
<b>Color</b>			
<b>Date of Birth</b>			
<b>Sex</b>			
<b>Spayed/Neutered</b>			

I hereby authorize Perry Hall Animal Hospital to examine and treat my pet(s). I assume full financial responsibility in the care and treatment of my animal. I also understand that payment is due at the time that services are rendered, and that a deposit may be required for surgical treatment or extended hospitalization. I understand that appointments must be cancelled within 24 hours or a \$10 fee will apply.

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