

# *El Dorado Animal Hospital*

## **OWNER INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

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

Whom may we thank for referring you: \_\_\_\_\_

## **PET INFORMATION**

Name: \_\_\_\_\_ Species: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Spayed/Neutered: YES or NO

Prior Illness or Surgery: \_\_\_\_\_

Date of most recent vaccinations: \_\_\_\_\_

Name: \_\_\_\_\_ Species: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Spayed/Neutered: YES or NO

Prior Illness or Surgery: \_\_\_\_\_

Date of most recent vaccinations: \_\_\_\_\_

\*\*\*\*\*CONTINUED ON BACK\*\*\*\*\*

Name: \_\_\_\_\_ Species: \_\_\_\_\_ DOB/Age: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Spayed/Neutered: YES or NO

Prior Illness or Surgery: \_\_\_\_\_

Date of most recent vaccinations: \_\_\_\_\_

### **PHOTO RELEASE POLICY**

I grant ELDORADO ANIMAL HOSPITAL, its representatives & employees the right to take photographs of me and/or my pet, and to copyright, use & publish the same in print and/or electronically. I agree that ELDORADO ANIMAL HOSPITAL may use such photographs of me and/or my pets with or without my name & for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, & Web content.

The above may take photos of me  
and/or my pet.

The above may **NOT** take photos of  
me and/or my pet.

### **FINANCIAL POLICY**

We will gladly prepare you a written estimate for any services needed.

Surgical procedures & hospitalizations may require a deposit.

ALL FEES ARE DUE AT TIME SERVICES ARE RENDERED.

We accept Cash, Checks, Visa, MasterCard, American Express, & Discover. We also accept Care Credit which you can easily apply for online at [www.carecredit.com](http://www.carecredit.com) or we would be happy to help you apply at our office.

**Please Note:** You are authorizing the performance of diagnostic and/or routine procedures as the Veterinarian indicates. I hereby give El Dorado Animal Hospital permission to perform emergency treatment for my pet while in their care. I agree to pick up my pet upon discharge from care & assume full responsibility of all fees. I also accept full responsibility for any charges incurred in efforts to collect a debt. There will be a service charge for any check returned unpaid. I understand that if I fail to pick up my pet(s) within 10 days of notification to the above individual, my pet(s) will be considered abandoned and will be handled in accordance with Arkansas State Law and that doing so does not relieve me of financial obligation.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_