

# EAST RIDGE Animal Hospital

**OWNER INFORMATION:**

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name (Last, First, M): \_\_\_\_\_

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

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

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

How were you referred to our office?     Facebook     Internet     Friend

If Friend, who can we thank? \_\_\_\_\_  Other: \_\_\_\_\_

**PET INFORMATION:**

Pet's Name: \_\_\_\_\_

Species:     Dog     Cat     Other: \_\_\_\_\_

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

Sex:     Male     Female

Is your pet spayed or neutered?     Yes     No

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Is your pet on heartworm prevention?     Yes     No

Does your pet take any medications or have any allergies? \_\_\_\_\_

**All fees are payable upon completion of service. By signing this form I understand that I assume full responsibility for all services rendered. In case of default with any payment, I promise to pay any collection costs and attorney fees.**

Signature: \_\_\_\_\_