



Pet and Client Information Form

Please complete this form so that we have the most up to date information on you and your pet!

Owner Information:

Owners Name: _____ Spouse/Co-Owner name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Secondary Email Address: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Pet information:

Pet's Name	Date of Birth	Sex	Breed	Color
1. _____	____ / ____ / ____	M/N F/S	_____	_____
2. _____	____ / ____ / ____	M/N F/S	_____	_____
3. _____	____ / ____ / ____	M/N F/S	_____	_____
4. _____	____ / ____ / ____	M/N F/S	_____	_____
5. _____	____ / ____ / ____	M/N F/S	_____	_____

Have any of your pets been seen by another clinic? YES / NO If yes, where?

Clinic Name: _____ Clinic Phone: _____

May we contact them for previous records? YES / NO

How did you hear about our clinic? _____

NEXT PAGE →



Pet and Client Information Form

Please sign and date to indicate that you have read and agree to the following prompts.

Payment Policy:

I understand that payment in full is expected when services are rendered. I will assume full financial responsibility for all charges incurred on my pet's behalf today and all future visits.

Client Signature: _____ Date: _____

Cancellation and No Show Policy:

I understand that if I should need to cancel an appointment I will do so with AT LEAST 24 hours' notice. In the event that I cannot give 24 hours' notice the short term cancellation will be recorded in my patient file. If I do not show up for my appointment a \$25.00 Fee will be placed on my account. Having an excessive amount of no shows or short term cancellations will be recorded and may result in my appointment status becoming WORK-IN ONLY.

Client Signature: _____ Date: _____

Treatment Authorization:

I certify that I own the pets listed above and hereby consent and authorize Granada Animal Hospital (GAH) and its staff to hospitalize, and to administer medications, tests, surgical procedures, anesthetics, and/or treatments that the doctor deems necessary for the health and well-being of my pets, while they are under GAH care and supervision. I do hereby release GAH and its staff of any responsibility and/or liability in the absence of gross negligence in the event that any of the above pets should injure themselves, refuse food, become ill, or die while in the hospital. I further realize that I am responsible for payment for the described procedures and treatments in full at time of discharge. If I neglect to pick up any of the above pets within five (5) days of written notice you may assume that the pet(s) is/are abandoned. Abandonment does not release me of any obligation for the charges. I further understand that in the case of nonpayment, a finance charge of \$10 per month (18% per year) will be charged and that any collection or attorney fees will be paid by me.

Client Signature: _____ Date: _____

Social Media and Photo Consent:

I hereby give consent for Granada Animal Hospital to use photos of my pet(s) on their company website and social media sites like Facebook and Instagram.

Client Signature: _____ Date: _____