

South Hills

Animal Hospital since 1982

We are glad to have the opportunity to care for your pet. Our mission is to provide compassionate care by our dedicated experts. To ensure exceptional service, please fill out this form completely. Please fax your pet's medical records to 1-626-919-4076.

Date: _____

Owner Last Name: _____ Owner First Name: _____

Spouse Last Name: _____ Spouse First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____

Pet being seen today: _____ Canine (Dog)/ Feline (Cat) Date of Birth: _____

How did you hear about us?

Recommendation by: _____ Facebook Yelp Yellow Pages

Walk In Other: _____

I hereby authorize the veterinarian to examine, prescribe for, or treat for the above-described pet. I assume responsibility for all charges incurred in the care of my pet(s). I also understand that all professional fees are due at the time services are rendered. I verify that all the information provided is accurate. I hereby grant full permission to South Hills Animal Hospital to utilize photograph(s) or images of the above described pet(s) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my pet's photograph and/or name.

Signature of Owner: _____ Date: _____