

Animal Hospital

Owner and Patient Information

Owner: _____ Spouse/Co-Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Cell: _____ (used for text reminders) Spouse/Co-Owner Cell: _____

Primary Email: _____

How did you hear about us? Online Drove by Other: _____

Referral _____

Patient Name: _____ Date of Birth/Approx Age: _____

Species: _____ Breed: _____ Color(s): _____

Male

Neutered

Female

Spayed

Is your pet Microchipped? No Yes # _____

Previous veterinary contact info, if known _____

If you have your pet's medical history and/or vaccine history, please email those to records@ssvet.com

Any allergies to vaccines? No Yes If yes, which one(s) _____

On any medications? No Yes If yes, which one(s) _____

Reason(s) for your visit today _____

I hereby authorize Saratoga Springs Animal Hospital and attending doctors to perform the procedures as deemed necessary or advisable to maintain my pet's health: including, but not limited to, physical examination, diagnostic testing and/or administering pharmaceutical agents. I understand that the administration of any pharmaceutical agents or the performance of any diagnostic procedures may cause an adverse reaction.

I take full responsibility for payment of any charges incurred for treatment to my pet. I understand that I am financially responsible for all charges at the time services are rendered. I understand that a deposit may be required for any surgical treatment.

Should I fail to pay for any services rendered by Saratoga Springs Animal Hospital, I will be responsible for all service charges and collection charges incurred by Saratoga Springs Animal Hospital.

For your convenience we accept: Cash, Visa, Mastercard, Discover and Care Credit.
We do NOT accept checks or American Express.

Signature of Owner or Authorized Agent

Date