



Welcome to  
**SMALL ANIMAL CARE CENTER**  
 www.smallanimalcarecenter.com  
**OWNER INFORMATION**

Name ..... Spouse's Name .....

Mailing Address .....

City ..... Zip Code .....

Home Phone ..... Cell Phone ..... Work Phone .....

E-mail Address .....

Spouse's Cell Phone ..... Spouse's Work Phone .....

Driver's License # ..... Birth date .....

Do your pet(s) travel with you? Yes  No  How did you hear about us? .....

*Please note that payment is due at time of visit. Thank You.*

**YOUR FOUR FOOTED FRIEND!**

Name ..... Diet .....

Cat  Dog   
 Exotic  Other  Breed ..... Current Medications .....

Color ..... .....

Male  Female  Altered? Yes  No  Medical Problems .....

Date of Birth .....

Vaccinations and Dates .....

.....

**CONSENT FOR TREATMENT**

I, the undersigned owner, or owner's agent of the pet identified above, consent to the examination of my pet(s) by staff veterinarians at Small Animal Care Center and after consultation with me to prescribe medication for, treat, hospitalize, anesthetize or perform surgery on my animal. I understand that some risks always exist with anesthesia and/or surgery and that I am encouraged to discuss any concerns I have about those risks with my attending veterinarian before the procedure is initiated. Should some unexpected life-saving emergency care be required, Small Animal Care Center's staff has my permission to provide such treatment and I agree to pay for such care.

I understand that an estimate of the costs for veterinary services will be provided to me and that I am encouraged to discuss all fees attendant to such care before services are rendered and during my pet's admission. I agree to assume financial responsibility for the balance on ALL services rendered on a cash, debit, credit card or care credit at the time my pet is admitted and/or discharged from the care center. In the event my pet is hospitalized for more than 24 hours and my attending doctor does not contact me, I understand it is my responsibility to call the attending doctor at least every 24 hours to inquire as to the medical status of my pet.

I further agree that I, or an authorized agent of mine will pick up and pay for all accrued charges on my pet within five days after receiving written or oral notification at the above address that my pet is ready to be released from the care center. I agree that if I fail to comply with this policy, Small Animal Care Center may handle this abandonment in the best interest of itself and the animal.

I understand that if my account becomes delinquent, then any and all discounts will be voided and the entire balance will be due in full. I agree to pay all costs incurred for account collection.

We reserve the right to charge for missed appointments with less than 24 hours notice.

Signature of  
 Owner or Agent ..... Date .....