

WELCOME

Thank you for giving the Imperial Animal Hospital the opportunity to care for you pet. So that we may become better acquainted or update our files, please complete the following:

Primary Owners Name: _____

Address: _____

City/State/Zip: _____

Primary Phone _____ Secondary Phone _____
Circle one: Cell or Home _____ Circle one: Cell or Home _____

Place of Employment: _____ Work Phone: _____

Date of Birth: _____ Social Security or
Driver's License number: _____

Spouse or Joint Owner: _____

Primary Phone _____ Secondary Phone _____
Circle one: Cell or Home _____ Circle one: Cell or Home _____

Place of Employment: _____ Work Phone: _____

Date of Birth: _____ Social Security or
Driver's License Number: _____

Pet Information:

Name/Breed: _____ Name/Breed: _____ Name/Breed: _____

Name/Breed: _____ Name/Breed: _____ Name/Breed: _____

Sex, Circle one:

Female - Spayed Male - Neutered

Did someone refer you to the Imperial Animal Hospital? If so, please give their name so we can send them a Thank You: _____

In case of a major medical problem, who makes the final decision about treatment? _____

Signature _____

I authorize the release of vaccination information ONLY to other veterinarians, boarding facilities or grooming shops.

Signature _____

Payment is required when services are rendered. We accept Mastercard, Visa, Discover, checks with valid Missouri or Illinois State driver's license and cash. It is our policy to provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required upon review of the estimate.