

# Welcome

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

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**Primary Owners Name**

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Address

City

Zip

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Email Address

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Primary Phone – Circle one: Cell or Home

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Secondary Phone – Circle one: Cell or Home

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Driver's License Number

---

Birthdate

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**Spouse or Joint Owner**

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Primary Phone – Circle one: Cell or Home

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Secondary Phone – Circle one: Cell or Home

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Driver's License Number

---

Birthdate

**Pet  
Information:**

**Pet**

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Name

---

Breed

---

Birthdate

---

Name

---

Breed

---

Birthdate

How did you hear about us? Facebook, Internet, Yellow Pages or other: \_\_\_\_\_

Did someone refer you to us? Please share their name with us and we will send them \$10.00 referral dollars!:

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

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I give Imperial Animal Hospital permission to take photographs and videos of myself and my pet for the purpose of posting on Imperial Animal Hospital Facebook, Twitter and clinic website.

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**Signature**

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

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**Signature**

Payment is required when services are rendered. We accept all major credit cards, Care Credit and checks with valid Missouri or Illinois State driver's license. 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.