

# Guardian Pet Hospital

1607 E McKinney St Ste 700 • Denton, TX 76209 • 940.566.5595 • www.guardianpethospital.com

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to share some important information we will need as the guardian of your pet's health today and in the future. Please fill out this form completely. Thank you!

## Owner Information

Account #: \_\_\_\_\_

Name \_\_\_\_\_ (last) \_\_\_\_\_ (first) \_\_\_\_\_ (m.i.) Mr Mrs Miss Ms

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Place of Employment \_\_\_\_\_

Social Sec # \_\_\_\_\_ Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse/Other \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_

How did you learn about our practice?  Personal Referral. Whom may we thank? \_\_\_\_\_

Phone Book Internet search Live in the area Other

## Pet Information (Please include all pets even if they are not to be seen today)

<input type="checkbox"/> Dog	Name	Breed	Color	
<input type="checkbox"/> Cat				
<input type="checkbox"/> Male	Age/DOB	Spayed/Neutered?	Microchip?	Last vaccinated?
<input type="checkbox"/> Female				
<input type="checkbox"/> Dog	Name	Breed	Color	
<input type="checkbox"/> Cat				
<input type="checkbox"/> Male	Age/DOB	Spayed/Neutered?	Microchip?	Last vaccinated?
<input type="checkbox"/> Female				
<input type="checkbox"/> Dog	Name	Breed	Color	
<input type="checkbox"/> Cat				
<input type="checkbox"/> Male	Age/DOB	Spayed/Neutered?	Microchip?	Last vaccinated?
<input type="checkbox"/> Female				

Former/Other Veterinarian(s): \_\_\_\_\_  
Name City, ST Phone

## Authorization

I am the owner of the animal(s) listed above and have full authority to enter into this agreement and the terms thereof. I hereby authorize the doctor(s) of Guardian Pet Hospital to examine, prescribe for and/or treat the listed pet(s).

I understand that in order to prevent the spread of infectious diseases, all hospitalized/boarded patients must be current on all vaccinations required by this hospital and free from parasites. I authorize this level of preventive care and the appropriate charges that will be assessed in the discharge invoice.

I understand that Guardian Pet Hospital makes no guarantee for successful treatment or positive outcome.

I am responsible for all charges incurred in the care of my pet(s), and these charges will be paid by me at the time service is rendered. A copy of the clinic's financial policy is available in the waiting area, online and upon request.

A deposit may be required. To avoid paying a deposit I will provide my drivers license or other acceptable form of picture ID and social security number and allow this information to be kept on file.

I authorize Guardian Pet Hospital to release my pet's medical records to veterinary facilities, grooming or boarding facilities upon their request, and any other official entity as required by law. Otherwise the information contained in my pet's medical records will be kept confidential.

I authorize the use of my pet's name and/or picture on www.guardianpethospital.com.

I authorize Guardian Pet Hospital to release my contact information to individuals who have located my missing pet.

Signature \_\_\_\_\_ Date \_\_\_\_\_