

# WELCOME TO *Siena* ANIMAL HOSPITAL

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

Employee \_\_\_\_\_

Auditor \_\_\_\_\_

**Owner** \_\_\_\_\_

Last Name

First Name

Initial

**Co-Owner** \_\_\_\_\_

Last Name

First Name

Initial

**Address** \_\_\_\_\_

Mailing Address

City

State

Zip Code

**Main Telephone** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Alternate Telephone** \_\_\_\_\_

## OWNER'S CONFIRMATION... FOR YOUR PET'S SAFETY

**Owner's Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Owner's Driver's License #** \_\_\_\_\_

**Co-Owner's Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Co-Owner's Driver's License #** \_\_\_\_\_

## CONTACT IN THE EVENT OF AN EMERGENCY AND OR OTHERS WHO MAY AUTHORIZE YOUR PET'S TREATMENT

**Name** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**WHOM MAY WE THANK FOR RECOMMENDING US?** \_\_\_\_\_

**PLEASE READ**

**FINANCIAL POLICY**

**PLEASE READ**

I hereby authorize Siena Animal Hospital to examine, prescribe for, and treat my pet(s).

I accept responsibility for any/all charges incurred from my pet(s) stay/care.

A DEPOSIT OF 100% OF THE "LOW ESTIMATE" IS REQUIRED WHEN YOUR PET(S) ARE ADMITTED FOR PROCEDURES.

PAYMENT FOR BOARDING IS DUE "IN FULL" AT DROP OFF.

I give Siena Animal Hospital and any of its vendors/affiliates permission to contact me by calling my home or cellular telephone. I understand that in the event this account is assigned to a collection agency Siena Animal Hospital will include all COLLECTION FEES that may increase my balance owed by 50% of the original charges.

**Owner's Signature** \_\_\_\_\_

**Print** \_\_\_\_\_

**Date** \_\_\_\_\_

**Co-Owner's Signature** \_\_\_\_\_

**Print** \_\_\_\_\_

**Date** \_\_\_\_\_

Accept: Cash, Debit, **Personal Check w/ NV Drivers Lic**, MC/Visa, Discover, Care Credit

# WELCOME TO *Siena* ANIMAL HOSPITAL

## YOUR PET'S HEALTH HISTORY

Your Pet's Name \_\_\_\_\_ Approximate Date of Birth or Age \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Neutered Male  Spayed Female  Male  Female  Unknown

Diet  Canned  Dry Brand of or special diet \_\_\_\_\_ Treats \_\_\_\_\_

Medications, Recent Vaccines, Supplements, Vitamins \_\_\_\_\_

Major medical problems or drug reactions \_\_\_\_\_

Your Pet's Name \_\_\_\_\_ Approximate Date of Birth or Age \_\_\_\_\_

Dog  Cat  Other \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Neutered Male  Spayed Female  Male  Female  Unknown

Diet  Canned  Dry Brand of or special diet \_\_\_\_\_ Treats \_\_\_\_\_

Medications, Recent Vaccines, Supplements, Vitamins \_\_\_\_\_

Major medical problems or drug reactions \_\_\_\_\_

### PLEASE LIST ALL OTHER PETS AT HOME:

Name: \_\_\_\_\_ Cat or Dog  Male  Female  Neutered  Spayed, Age\_\_\_\_\_, Color\_\_\_\_\_

Name: \_\_\_\_\_ Cat or Dog  Male  Female  Neutered  Spayed, Age\_\_\_\_\_, Color\_\_\_\_\_

Name: \_\_\_\_\_ Cat or Dog  Male  Female  Neutered  Spayed, Age\_\_\_\_\_, Color\_\_\_\_\_

The above information is correct to the best of my knowledge

Owner's signature \_\_\_\_\_ Date \_\_\_\_\_