



PLEASE COMPLETE AND SIGN BELOW

<i>Owner's Name:</i>		<i>Pet's Name:</i>	<i>Age or D.O.B.:</i>
<i>Spouse's Name:</i>		Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other _____	<i>Breed:</i>
<i>Address:</i>		Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>Color:</i>
<i>City, State, Zip Code:</i>		<i>Email Address:</i>	
<i>Home Phone:</i>	<i>Pager or Cell Phone:</i>	<i>Date of Last Vaccinations:</i>	
<i>Employer:</i>	<i>Business Phone:</i>	<i>Other Pets :</i> Do we currently take care of them? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Spouse's Employer:</i>	<i>Business Phone:</i>	<i>Current medications: (VERY IMPORTANT)</i>	

<i>Reason for today's visit:</i>

<p>How did you hear about us?:</p> <p><input type="checkbox"/> Referred by a friend (please tell us who so we may thank them!) _____</p> <p><input type="checkbox"/> Yellow Pages (please circle which one) Verizon Yellowbook.com Guide Transwestern (sm. Yellow Bk.)</p> <p><input type="checkbox"/> Our website</p> <p><input type="checkbox"/> Other:: _____</p>

Please Note: PAYMENT IS REQUIRED AT THE TIME SERVICES ARE RENDERED

<p align="center">Authorization</p> <p>I hereby authorize services to be provided for my pet as required for maintaining proper health. If I am unable to be contacted, I further authorize such emergency treatment deemed essential by the staff of Sleepy Hollow Animal Hospital to save my pet's life, unless specifically instructed otherwise. I also understand that all fees are due and payable when services are rendered, and that I am responsible for any charges incurred because of returned checks or through collection efforts, including attorney fees.</p> <p>Signed _____ Date _____</p>
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