

**NAVY BOULEVARD
ANIMAL HOSPITAL**



Additional Pet Form

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a moment to share some important information with us so that we can provide the best possible care for your pet.

Client Information

Last name _____ First Name _____

Name of spouse/alternate owner with permission to approve medical treatment _____

Pet Information

Pet Name _____ Species Canine ____ Feline ____

Breed _____ Gender Male ____ Female ____

Color _____ Spayed/Neutered Yes ____ No ____

Date of Birth _____ Age _____

Is your Pet microchipped? No ____ Yes ____ (Microchip Number _____)

Previous Veterinarian _____

Please list any current medications and/or allergies. _____

Reason for today's visit _____

Has your pet been diagnosed with any medical condition by their previous veterinarian? If so please note:

We are proud to offer Care Credit which is a convenient monthly payment program. Would you like to receive more information? Yes No

We like to take pictures and videos of pets in the hospital and post them to our Facebook and other social media outlets. Is it okay if we post your pet's name and picture to our Facebook, and other media outlets? Yes No

I hereby authorize Navy Boulevard Animal Hospital to examine and recommend treatment for my pet. All professional fees are due at the time services are rendered and we will be glad to prepare a written estimate of all recommended treatments. We accept Cash, Checks, Visa, Mastercard , Discover and CareCredit.

Signature _____ Date _____