

Porter Pet Hospital Admission Form:

*Client: Last Name: _____ First Name: _____

Address: _____ (apt #) _____

City: _____ Zip Code: _____

Spouse/Alternate Contact: _____ Can this Contact Access Medical Info: Y / N

*Pet Name: _____ Species: Canine (dog) Feline (cat)

Birth Date: _____ (/--/--) Age: _____ Sex: Male Female

Altered (spayed or neutered): Y / N Breed: _____

Microchip ID# _____ Color: _____

PAYMENT

Porter Pet Hospital Accepts the following forms of payment **which are due at the time of services:**
Mastercard/Visa/Discover/Care Credit and Cash

We do not accept checks. I am fully aware that Porter Pet Hospital does not accept checks: _____
(Initial above)

CONTACT INFORMATION

To properly keep you informed of reminders for your pet and to communicate needed care once your pet is with us, or status of care if here, we need a phone number or email, preferably both, that we may contact you at, regarding these important circumstances/needs for your pet:

Home Phone# _____ Cell Phone# _____

Emergency Phone # (if different from above-not for reminders, etc) _____

***Our doctor very commonly needs to communicate with you via email, so it is important that she has one to do so, or you may not get information in as timely a manner as you would with just a phone number:**

Email address: _____ @ _____

We will email and/or text vaccine reminders for your pet. If the above information changes, please contact our office.

GENERAL PET INFORMATION:

It is important that we know ANY medications or supplements your pet is taking!!!:

Heartworm Medication (if applies): _____ Approx date of last dose: _____

Other medications or supplements (Please list with frequency of dosing): _____

Any known allergies or reactions to medications: _____

Date and Type of last Vaccines: _____

*****I hereby accept treatment by the staff and Veterinarian(s) at Porter Pet Hospital. I understand that estimates will be given for treatments, other than vaccines or routine preventatives, to allow for my acceptance of cost of care and am responsible for payment at time of services. I acknowledge that Porter Pet Hospital will take all reasonable precautions with the care of my pet and will offer the best care reasonable here, as well as offer referrals to outside hospitals if/as needed. I understand that even when all things are done right, unusual circumstances and reactions can occur, such as vaccine/drug reactions, that can be life-threatening to my pet.**

Signature: _____ **Date:** _____