



How did you hear about us?

Neighbor / Friend (name): _____
Another Vet (name): _____
Internet search (i.e. Google, Yelp, Website, etc) _____
The MTM Shopper _____ Direct mailer/Postcard _____ Exterior Sign _____

NEW CLIENT / PATIENT INFORMATION

Client Name _____ Spouse / Other _____
Address _____ Apt # _____
City _____ State _____ Zip _____ County _____
Home Phone _____ Work/Cell _____ preferred # Home or Cell
Email _____ Other Email _____

PET(S) INFORMATION

Pet Name _____ *Cat / Dog (circle one)* _____ *Birthday* ____/____/_____
Breed _____ *Color* _____ *Male / Female (circle one)* _____ *Neutered / Spayed (circle one)* _____
Last Veterinarian _____
What type of Heartworm prevention is pet on _____ *What type of Flea prevention is pet on* _____
Medical condition(s) we need to know about _____

Pet Name _____ *Cat / Dog (circle one)* _____ *Birthday* ____/____/_____
Breed _____ *Color* _____ *Male / Female (circle one)* _____ *Neutered / Spayed (circle one)* _____
Last Veterinarian _____
What type of Heartworm prevention is pet on _____ *What type of Flea prevention is pet on* _____
Medical condition(s) we need to know about _____

Pet Name _____ *Cat / Dog (circle one)* _____ *Birthday* ____/____/_____
Breed _____ *Color* _____ *Male / Female (circle one)* _____ *Neutered / Spayed (circle one)* _____
Last Veterinarian _____
What type of Heartworm prevention is pet on _____ *What type of Flea prevention is pet on* _____
Medical condition(s) we need to know about _____

I hereby give permission to Hamilton Mill to take photos and videos of me and my pet(s) for the purpose of posting on social media sites and release and discharge Hamilton Mill from any and all claims arising out of use of the photos/videos. Hamilton Mill Animal Hospital has my permission to use the photos and videos.

SIGNATURE _____

PRACTICE PHILOSOPHY

Thank you for choosing Hamilton Mill Animal Hospital. We are a full service hospital. Our philosophy is to practice quality veterinary medicine. Our fees are based on our cost to provide this type of service. We do not bill. We accept cash, checks, VISA, Mastercard, Discover, American Express and Care Credit. *I accept responsibility for payment for each visit.*

Signature _____ Date _____