

Pets On The Shore Veterinary Hospital

Welcome You and Your Pet

235 Dykes Road
Salisbury, MD 21804
410-742-3935

Owner's Name:

Date:

Address:

Best Telephone Number to Reach You:

Additional Phone Number(s):

Occupational/Place of Employment:

Email:

Driver's License #:

Spouse:

Spouse Phone No.:

Spouse Occupation/Place of Employment:

Pet Health History: (For additional pets, please use the back of this form.)

Pet's Name:

Species:

Breed:

Color:

Age:

Sex:

Spayed or Neutered
(Circle)

Vaccination History (Date and type of last vaccinations):

Reason for Today's Visit:

Current Medications:

Current Diet:

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat the pets brought in for care. I assume responsibility for all charges incurred in the care of the animal. I understand that these charges will be paid at the time of services are rendered and that deposit may be required for surgical treatment. Interest will be applied to your bill monthly if the bill is not paid in full. If incurred charges are not paid within 90 days, I understand that my billing information may be sent to a collection service for payment. There will be a 50% increase to the amount to cover collection charges.

Signature of Owner _____