



Owner's Name: _____
Last Name First Name MI Spouse's First Name

Address: _____
Number Street City State Zip

Phone Numbers: (____) _____ (____) _____ (____) _____
Home Work Cell

E-Mail: _____

Referred By: <input type="checkbox"/> Friend <input type="checkbox"/> Company <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Hospital Sign <input type="checkbox"/> Newspaper Client: _____ Veterinarian: _____ Web Site: _____ Your e-mail: _____ Would you like to receive text message reminders? <input type="checkbox"/> Yes, phone number _____ <input type="checkbox"/> No
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Driver's Lic. #: _____ State: _____ D.O.B.: _____ SSN: _____ <small>Optional</small> Employer: _____ Employer's Address: _____ City / State: _____	Spouse's D. L. #: _____ State: _____ D.O.B.: _____ SSN: _____ <small>Optional</small> Spouse's Employer: _____ Spouse's Employer's Address: _____ City / State: _____
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Pet's Name: _____ **Breed:** _____ **Color:** _____

Species (canine/feline): _____ **Sex:** M F Spayed/Neutered

Birth Date: _____

Pet's Name: _____ **Breed:** _____ **Color:** _____

Species (canine/feline): _____ **Sex:** M F Spayed/Neutered

Birth Date: _____

Pet's Name: _____ **Breed:** _____ **Color:** _____

Species (canine/feline): _____ **Sex:** M F Spayed/Neutered

Birth Date: _____

I hereby authorize the staff of Legacy Veterinary Hospital to render any treatment which is deemed necessary to my pet(s) health while in custody of the hospital. I understand that in the event of any unusual or emergency circumstances, the staff will make every attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the Estimate of Charges provided to me in person or over the telephone. **I understand that professional fees are to be paid at the time services are rendered and a deposit is required on all pets admitted to the hospital.**

 Signature of Owner, Agent, Good Samaritan (Circle One)

 Signature of Spouse

 Date