Auburn South Veterinary Hospital

Thank you for giving us the opportunity to care for your pet(s)! So that we may become better acquainted, please complete the following:

OWNER NAME	CELL	WORK
CO-OWNER NAME	CELL	WORK
EMAIL ADDRESS		HOME PHONE NUMBER

The email address you provided is to be used by ASVH only for the purposes of patient care updates, appointment and vaccination reminders, hospital newsletter, and special announcements. It will never be shared with outside parties, nor sold to outside vendors.

I prefer to receive general reminders by: [ ] Postcard [ ] Email [ ] PetDesk App
I prefer to receive appointment reminders by: [ ] Phone Call [ ] Email [ ] PetDesk App
If my pet is hospitalized or admitted for a procedure, I would prefer to receive updates by:
[ ] Phone Call [ ] Email [ ] PetDesk App

Primary Contact Number for Owner: [ ] Cell [ ] Home [ ] Work
Primary Contact Number for Co-Owner: [ ] Cell [ ] Home [ ] Work
Is it okay to attempt to reach Owner at work number? Y / N or **Co-Owner at work number?** Y / N

Home Address		Apt
City	State	Zip Code

Any other person(s) able to make decisions regarding your pet(s) health and/or treatment:

Name: **Phone:**

Name: **Phone:**

****How did you become aware of our clinic?:** [ ] Drive By [ ] Websearch [ ] Website
[ ] Past Client [ ] Phonebook [ ] Facebook

To prevent the spread of infectious disease and parasites all in-patient, out-patient, and boarders must be current on vaccines and free of parasites. I understand this to be a strict policy of the clinic and must authorize the doctors to provide my pet(s) with the vaccinations and parasite control as needed.

*****I understand that payment is due in FULL at time of service*****
We accept Visa, Mastercard, Discover, CareCredit, Debit, and Cash

Signature:	Date: