

HAWTHORNE ANIMAL HOSPITAL
11966 ROE AVENUE
OVERLAND PARK, KS 66209
913-345-8147

Today's Date: _____

Owner's Name: (Last) _____ (First) _____ (Middle Initial) _____

Spouse's Name: (Last) _____ (First) _____ (Middle Initial) _____

Address: Street: _____ Apt. #: _____

City: _____ State: _____ Zipcode: _____

Primary Phone: _____ This is (please circle) home cell work

Alternate Phone: _____ This is (please circle) home cell work

Spouse Phone: _____ This is (please circle) home cell work

Email Address: _____

(We will send vaccination reminders, appointment reminders and clinic updates) Text Reminders: Yes _____ No _____

Owner's Place of Employment: _____

Spouse's Place of Employment: _____

Children's first names/ages (optional) _____

In case of emergency, nearest friend or relative who does not live with you:

Name: _____ Relation: _____ Phone: _____

How did you become aware of our hospital? Personal Recommendation: _____

(Refer a friend a receive a credit on your account!!)

Facebook _____ Google _____ Hospital Sign _____ Yelp _____ Other: _____

Payment Policy:

Full payment is required upon rendering of our services. Deposits are required on major medical and surgical cases and emergency cases where hospitalization is required.

We happily accept cash, Mastercard, Visa, Discover, American Express and check.

We do not carry open accounts and hope the above options are convenient for you.

I agree to pay any costs and charges necessary for the collection of any amount not paid when due.

Permissions:

To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on all vaccines and be free of internal and external parasites. I authorize Hawthorne Animal Hospital to perform and I guarantee to pay for any such vaccinations and parasite tests and treatments.

In the event of an emergency, I authorize Hawthorne Animal Hospital to perform life stabilizing treatments.

Separately, we would also like permission to share your pets on social media sites for the purpose of education and promotions.

No names of ownership will ever be shared. I agree _____

Signature of owner or authorized representative:

Date: _____

HAWTHORNE ANIMAL HOSPITAL
1 1966 ROE AVENUE
OVERLAND PARK, KS 66209
913-345-8147

Pet 1

Pet 2

Pet 3

Pet 4

Pet's Names:				
Dog/Cat:				
Breed:				
Color/Markings:				
Date of Birth:				
Sex (M/F):				
Spayed/Neutered (S/N):				
Heartworm Prevention:				
Microchip:				

Pet Insurance:	yes / no	yes / no	yes / no	yes / no
-----------------------	----------	----------	----------	----------

Insurance Provider:				
---------------------	--	--	--	--

Vaccination Dates:

Dogs:

Rabies:				
Distemper/Parvo (DHPP)				
Lepto				
Bordetella				
Influenza				
Heartworm Test				
Fecal				

Cats:

Rabies:				
FVRCP:				
Leukemia				
FIV/FeLeukemia test:				

Has your pet been to a veterinarian before? Yes ___ No ___ Date of last visit? _____

What prior illnesses, surgery, drug allergies, or special food requirements should we know about your pet?

Are there any specific behavior issues or problems that we should be aware of?

Do any of your pets have specific fears, phobias, or triggers that may make them fearful during their visits?

If so, are there any known successful remedies to help your pet through fearful events:

Do your pets have any specific likes or dislikes? (Treats, rewards, male doctor versus female doctor, etc)
