



WELCOME TO SOUTH PINE ANIMAL HOSPITAL, LLC

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs by taking a moment to complete this information sheet.

Owner: _____ DL# _____ DOB _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell: _____ Spouse: _____

Emergency Contact: _____ Phone: _____

How did you hear about our practice? _____

If referred please list persons name: _____

Patient Information

Name of Pet: _____

Circle Species Canine Feline Equine Bovine Caprine Other _____

Sex (Circle appropriate one) Male Neutered Female Spayed Stallion Gelding Mare

Color _____ Age _____ Breed _____

PAYMENT IS DUE AT TIME SERVICES ARE RENDERED. DEPOSITS MAY BE REQUIRED FOR PETS BEING ADMITTED. FAILURE TO PAY COULD RESULT IN THEFT OF SERVICE CHARGES. WE DO NOT OFFER PAYMENT PLANS.

I hereby authorize the veterinarian to examine, prescribe for or treat the above described pet. I assume responsibility for all charges incurred in the care of the animal. I understand that if my pet has fleas that he/she will be treated at my expense.

Signature _____ Date _____

Method of payment (please circle) Cash Check Credit Card