



Broadway Animal Hospital Patient/Client Information

Owner's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____
In Case of EMERGENCY, Call _____
Name Phone
E-Mail Address: _____
How did you hear of our hospital? _____

Pet Name _____ Dog Cat
Breed _____ Other _____
Color _____ Sex _____
Age _____ Spayed Neutered
Birthdate: _____
Date of Last Vaccination _____
Date Of Last Rabies Vaccination _____
Any known allergies or idiosyncrasies? _____

DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. As of January 2016, we no longer accept personal checks.

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed above and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my animal within 5 days of the discharge date and do not notify you within that time period, you may assume that my animal is abandoned and are hereby authorized to dispose of my animal as you deem best and/or necessary.

Signature _____ Date _____

Signature of Person presenting
This pet for treatment if other than Owner _____

Address and Phone #
of Non-Owner _____