

**The Animal Hospital of Carrboro, Inc.**  
**Patient/Client Information**

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

**Please Note: If both owner and co-owner plan to make medical and financial decisions for the listed pets, both must complete all information and sign this form. If only one owner fills out the form and signs, only he/she will be able to make medical decisions and will be held liable for all fees incurred. Minors who own pets must have a parent listed as owner. Parents are financially responsible for fees incurred by minor co-owners.**

Date \_\_\_\_\_

Owner \_\_\_\_\_ Co-Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone # \_\_\_\_\_ e-mail address \_\_\_\_\_

Employer Name & Address for Owner \_\_\_\_\_

Employer Name & Address for Co-Owner \_\_\_\_\_

Owner Work Number \_\_\_\_\_ Co-Owner Work Number \_\_\_\_\_

Owner Cell Number \_\_\_\_\_ Co-Owner Cell Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

We will gladly prepare a written estimate. Please ask the receptionist or doctor. PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. We accept Visa, Mastercard, Discover, American Express, and Care Credit. A photo ID will be required for credit card transactions. If you wish to pay by check, we require the following information:

Owner's Driver's License: State/Number \_\_\_\_\_ SS# \_\_\_\_\_

Co-Owner's Driver's License: State/Number \_\_\_\_\_ SS# \_\_\_\_\_

**How did you first hear of our hospital?**

Individual; someone we may thank \_\_\_\_\_  AAHA Referral

Google  Hospital Sign  Other \_\_\_\_\_

TO PREVENT THE SPREAD OF INFECTIOUS DISEASES AND PARASITES, ALL HOSPITALIZED AND BOARDED ANIMALS MUST BE CURRENT ON ALL VACCINES AND FREE OF INTERNAL AND EXTERNAL PARASITES. I/we authorize the doctor to provide vaccines and parasite control as needed for my (our) pets. I/we accept financial responsibility for fees incurred for the treatment of our pet(s).

Owner Signature \_\_\_\_\_

Co-Owner Signature \_\_\_\_\_

**Pet Information**

Please complete all information for each pet

	PET #1	PET #2	PET#3
Name			
Species (cat, dog)			
Breed			
Color/Markings			
Age/ Date of Birth			
Sex			
Length of Time Owned			
Neutered or Spayed			
Diet (kind of pet food)			
Vitamins (type)			
Flea/Grooming Products Used			
Hours Outside Each Day			
	PET #1	PET #2	PET#3
Name			
Species (cat, dog)			
Breed			
Color/Markings			
Age/ Date of Birth			
Sex			
Length of Time Owned			
Neutered or Spayed			
Diet (kind of pet food)			
Vitamins (type)			
Flea/Grooming Products Used			
Hours Outside Each Day			

