



Animal Hospital

of Shawnee Hills

Healthy Pets Happy Hearts

9540 Dublin Road
Powell, Ohio 43065
(PH) 614.389.6455
(FAX) 614.389.6508

www.shawneehillsvet.com
info@shawneehillsvet.com

Welcome!

Owner's Name:		Alternate Owner's Name:	
Address:			Zip Code:
What county do you live in? <input type="checkbox"/> Delaware <input type="checkbox"/> Franklin <input type="checkbox"/> Union <input type="checkbox"/> Other:			
Primary Phone: Home or Cell?		Secondary Phone: Home or Cell?	
E-mail Address:			
Emergency Contact/Phone:			
How did you hear about us? If by personal referral, please tell us who we may thank.			
Preferred way to be contacted by our staff about your pet's care? <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Text Message			
Preferred way to receive exam/vaccine reminders: <input type="checkbox"/> E-mail <input type="checkbox"/> Postcard by Mail			
May we use your pet's photo on our social networking sites? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please tell us about your pet!

Pet's Name:		Birthday or Age:		Color:	
Breed:		Microchipped? <input type="checkbox"/> No <input type="checkbox"/> Yes, #			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Is pet spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous veterinarian & phone #:					

Do you have other pets at home?

<input type="checkbox"/> Dogs #____ <input type="checkbox"/> Cats #____ <input type="checkbox"/> Pocket Pets #____ <input type="checkbox"/> Other, Please describe:
Please use this area to describe your additional pets (name, age, color, breed, gender):

Full payment is required at the time services are provided (we are not able to provide billing services). We accept Visa, MasterCard, Discover Card, Care Credit, American Express, Cash and Check (with driver's license) payments. All returned checks will result in a \$25 returned check fee. I understand that the hospital staff will provide an estimate of current and anticipated charges before services are rendered. By signing below, I am requesting that veterinary care be provided for pets presented by me or my agents. I understand that I am financially responsible for all services provided.

Signature:	Date:
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