Stuebner Airline/ Champions Veterinary Hospital

Client Information:

Name _____ Driver's License _____ State_____
First Middle Last (if you wish to pay by check)

Address _____
Number and Street City Zip

Occupation _____ Employer _____

Telephone numbers:

Home (_____) _____ Work (_____) _____ Cell (_____) _____

Home Fax (_____) _____ Work Fax (_____) _____ Pager (_____) _____

Email address _____

Alternate Contact: [ ] Spouse [ ] Partner [ ] Co-owner [ ] Friend Name _____
First Middle Last

Occupation _____ Employer _____

Telephone numbers:

Home (_____) _____ Work (_____) _____ Cell (_____) _____

Home Fax (_____) _____ Work Fax (_____) _____ Pager (_____) _____

Email address _____

How did you hear of us: [ ] Online [ ] Phone Book [ ] Drove by [ ] Referral (who)_____

Patient Information:

Name _____ Breed _____ Color _____

Please Circle: Cat Dog Birthday_____

Male Female Previous Veterinarian _____

Intact Spayed/ Neutered Reason for leaving _____

Professional Fees are to be paid at the time services are rendered. At your request, we will gladly provide a written estimate of cost for recommended procedures.

To prevent the spread of infectious disease and parasites, we require that all patients be current on all appropriate vaccinations. Also, pets with fleas and/or intestinal parasites will be treated with an oral or topical medication on admission, and the prescription price will be included on the invoice.

I agree to give the doctors of Stuebner Airline/ Champions Veterinary Hospital permission to discuss this case with and provide medical records to insurance companies or other veterinarians in consultation with my pet's well being.

In case of emergency, I authorize Stuebner Airline/ Champions Veterinary Hospital to treat my pet as they deem appropriate. I understand that all available resources will be exhausted to attempt to contact either myself or the alternate contact listed above prior to initiating treatment.

Signed _____ Date _____