

Welcome to Tender Care Animal Hospital

Last Name: _____ First Name: _____

Spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ *Cell Phone: _____

*Cell Phone (Spouse): _____ Work Phone: _____

Employer: _____

E-MAIL Address _____

We will use your e-mail address to remind you when your pet is due for vaccines, services, and our monthly newsletter. Your e-mail is safe with us, we will not under any circumstances sell or give your e-mail or personal information out to anyone.

Social Security Number or Driver's License Number (if you plan on writing checks):
_____ State _____

How did you hear about us? Drove by/location __, Google __, Yahoo __, Website __,
MSN __, White Pages __, Referred by (be specific) _____

Emergency Contact

Name: _____ Phone: _____

Pet Information

Name: _____ Species: _____

Breed: _____ Sex: _____ Color: _____

Spayed or Neutered? YES/NO Date of Birth: _____

Previous Vaccinations: _____

Previous Medical Conditions, Allergies? YES / NO Explain _____

I verify that the above information is true. I understand that all fees are to be paid in full at the time service is rendered.

Signature _____ Date _____

*It is especially important for us to have this number, in case we have a critically ill patient and would need to reschedule your appointment or if something should arise with your own pet and we may need to contact you immediately.