

KINGSBROOK ANIMAL HOSPITAL

Pet Information

Pet Name _____ Date of Birth (or approximate age) _____
☐ Cat ☐ Dog ☐ Other: _____ Breed _____
☐ Male ☐ Female Spayed/Neutered? ☐ Yes ☐ No

Primary Owner

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Mobile Phone _____ Other Phone _____
May we send text messages to your mobile number? Yes ☐ No ☐ ☐ Home ☐ Work
E-mail Address _____

Vaccination and other reminders are sent electronically. Providing your e-mail address allows us to make sure your pet gets the preventative care they need. We also send health alerts and periodic bulletins. We will never sell or give out your e-mail address.

Preferred method of communication: ☐ Text ☐ E-Mail ☐ Phone

Spouse/Co-Owner

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Mobile Phone _____ Other Phone _____
☐ Home ☐ Work

Please let us know how you heard about Kingsbrook Animal Hospital

- ☐ Individual. Someone we may thank? _____
☐ Website/Internet ☐ Hospital Sign ☐ Brochure/Mailer
☐ Community Event _____ ☐ Other _____
(which one) (please specify)

Notices

Payment is due at the time services are rendered. Balances not paid in full will be subject to additional collection fees and/or attorney's fees incurred in the collection process. There is a \$35 fee for returned checks.

Unless directed otherwise, Kingsbrook Animal Hospital, its representatives and employees reserve the rights to take photographs of clients and their pets, and to copyright, use & publish the same in print and/or electronically for the purposes of publicity, illustration and advertising.

Print Name _____ Signature _____ Date _____

Kingsbrook Animal Hospital does not provide 24 hour supervision.

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