

Welcome to...

Animal Medical Hospital and 24/7 Urgent Care Servicing all your pet's needs 24/7/365



Address:	City: Cell Ph: Driver's License Social Security # Driver's License Son and DL # are used to accept personal checks Email Address: Driver's License Secondary Name on Account Name: Cell Ph: Please tell us how you learned about Animal Medical Hospital? Veterinarian Referral	
Home Ph: Cell Ph: Bus. Ph: Social Security # Driver's License # SN and DL # are used to accept personal checks Email Address: By providing your email address, you will be able to request appointments, receive appointment reminders, receive promotions and much more. Secondary Name on Account Name: Cell Ph: Please tell us how you learned about Animal Medical Hospital? Veterinarian Referral Previous Client Hospital Sign Internet site: Please tell us how you learned about Animal Medical Hospital? Veterinarian Referral Previous Client Hospital Sign Internet site: Individual - Who may we thank for this referral? (name, address, phone) FINANCIAL POLICY: ANIMAL MEDICAL HOSPITAL requires payment in full at the time services are rendered. As legation or responsible agent I certify that I have read and agree to this financial policy and assume financial responsibility for all services rendered. It is our policy to provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required. Choice of payment:	Home Ph:	Apt. #:
Social Security # Driver's License #	Social Security #	te: Zip:
Email Address: By providing your email address, you will be able to request appointments, receive appointment reminders, receive promotions and much more. Secondary Name on Account Name: Home Ph: Cell Ph: Please tell us how you learned about Animal Medical Hospital? Veterinarian Referral Previous Client Hospital Sign Internet site: Individual - Who may we thank for this referral? (name, address, phone) FINANCIAL POLICY: ANIMAL MEDICAL HOSPITAL requires payment in full at the time services are rendered. As lega owner or responsible agent I certify that I have read and agree to this financial policy and assume financial responsibility for all services rendered. It is our policy to provide you with a written estimate of fees for any case where in-hospital treatment, emergency care, surgery or hospitalization will be provided. A deposit prior to treatment may be required. Choice of payment: Cash/Debit Signature: Check VISA/MC/Disc/AMX Print Name: Date:	Email Address: By providing your email address, you will be able to request appointments, receive appointment. Secondary Name on Account Name: Home Ph: Please tell us how you learned about Animal Medical Hospital? Veterinarian Referral Previous Client Hospital Sign Internet Yellow Pages: Book OR Online Postcard Humane Society Individual – Who may we thank for this referral? (name, address, phone) Individual – Who may we thank for this referral? (name, address, phone) FINANCIAL POLICY: ANIMAL MEDICAL HOSPITAL requires payment in full owner or responsible agent I certify that I have read and agree to this financial p all services rendered. It is our policy to provide you with a written estimate of fee emergency care, surgery or hospitalization will be provided. A deposit prior to to the Choice of payment: Choice of payment: Cash/Debit Signature: Check VISA/MC/Disc/AMX Print Name: CareCredit®	Bus. Ph:
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	□ M □ T □ W □ Th □ F □ Sat □ Sun Time:	Enter by:



Pet Information

PLEASE COMPLETE FOR EACH PET Pet's Name: Reptile Other_____ Breed: _____Color: ____ Sex: A Male Female Age: Birthdate: Neutered/Spayed: Yes No Where was your pet vaccinated? Date received: Does your pet have allergies? Yes please specify No Has your pet ever had a dental cleaning? Yes No Please list any prior illness or surgery: Is your pet on a special diet or any medications? _____



PLEASE COMPLETE FOR EACH PET
Pet's Name:
Pet Species: Canine Feline Avian Small Mammal
Reptile Other
Breed:Color:
Sex: 🔲 Male 🔲 Female Age: Birthdate:
Neutered/Spayed: 🔲 Yes 🔲 No
Did you bring your pet's medical records? 🔲 Yes 🔲 No
Where was your pet vaccinated?
Date received:
Does your pet have allergies? Yes please specify N
Has your pet ever had a dental cleaning? 🔲 Yes 🔲 No
Please list any prior illness or surgery:
ls your pet on a special diet or any medications?

DELIVERING QUALITY VETERINARY CARE

At AMH we are committed to providing comprehensive, quality care for each patient to enhance their well-being and quality of life. Our compassionate, knowledgeable and professional team utilizes state of the art technology, and is continually implementing the latest in cutting edge medical practices.

Our Professional Services Include:

- General & Preventative Medicine
- General & Advanced Surgery (including laser)
- Pediatrics & Geriatrics
- Dentistry
- Digital Radiology
- Ultrasound & Endoscopy
- Cardiology
- Cancer Treatment
- Orthopedics
- Dermatology & Allergy Testing
- Behavior Consultation
- Pharmacy & Nutritional Products
- · Boarding & Special Needs Boarding



