

WELCOME

TO JEFFERSON ANIMAL HOSPITAL

Date _____

JAH Chart Number _____

Owner's Name _____ Spouse/Other _____

Address _____ Apartment _____

City _____ State _____ Zip _____ HomePhone _____

Cell Phone _____ Work Phone _____

e-mail address _____

Drivers License # _____ SS# _____

Emergency Contact Name _____ Phone Number _____

Were you referred by a veterinarian? Yes No

If yes, who? _____

How did you hear about our clinic? Internet Search Clinic Sign Phone Book

Individual; who can we thank for referring you? _____

Pet's Name _____ Date of Birth _____

Dog Cat Other _____ Male Neutered Female Spayed

Breed _____ Color _____

When and where was your pet last vaccinated? _____

Describe your pet's diet _____

List your pet's current medications _____

Authorization

I hereby authorize Dr. Larry McCaskill to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the case of this animal. I understand that the **charges are due at the time of release** and that a deposit may be required for treatment. _____ (initial)

I also understand that there is a \$75 fee for appointments that are not cancelled or rescheduled with a 24 hour notice. _____ (initial)

Method of Payment Cash Check Master Card VISA Discover Care Credit

Signature _____

Date _____