

# WELCOME

## TO JEFFERSON ANIMAL HOSPITAL

Date \_\_\_\_\_

JAH Chart Number \_\_\_\_\_

Owner's Name _____	Spouse/Other _____
Address _____	City _____ State _____ Zip _____
Home Phone _____	Cell Phone _____ Work Phone _____
e-mail address _____	
SS# _____	Drivers License # _____
Employer _____	Employer's Address _____
Emergency Contact _____	Phone Number _____
Who can we thank for referring you? _____	

**Pet History**

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 the veterinarian to examine, prescribe for, or treat the above described pet. I assume responsibility for all charges incurred in the case of this animal. I also understand that the **charges are due at the time of release** and that a deposit may be required for treatment.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment    Cash    Check    Master Card    VISA    Discover    Care Credit

Office Use Only							
Date							
Vaccination							
Vaccination							
Vaccination							
Vaccination							
Vaccination							
Vaccination							
Fecal							
OHT							
Weight							