



## Broadway Animal Hospital Patient/Client Information

Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
In Case of EMERGENCY, Call \_\_\_\_\_  
Name Phone  
E-Mail Address: \_\_\_\_\_  
How did you hear of our hospital? \_\_\_\_\_

Pet Name \_\_\_\_\_  Dog  Cat  
Breed \_\_\_\_\_ Other \_\_\_\_\_  
Color \_\_\_\_\_ Sex \_\_\_\_\_  
Age \_\_\_\_\_  Spayed  Neutered  
Birthdate \_\_\_\_\_  
Date of Last Vaccination \_\_\_\_\_  
Date Of Last Rabies Vaccination \_\_\_\_\_  
Any known allergies or idiosyncrasies? \_\_\_\_\_

**DUE TO STATE LAW AND INSURANCE REQUIREMENTS, ALL DOGS & CATS MUST BE CURRENT ON RABIES VACCINATION. Vaccination can be updated at the time of your appointment if it is not current.**

We will gladly prepare a written estimate if you so desire. Please ask a receptionist or doctor. Professional fees are due at time services are rendered. If you wish to pay by check or credit card, please complete the following.  
Preferred Method of Payment:  Cash  Check  Credit Card

I understand every effort will be made to achieve a successful outcome and to provide for all possible safety in hospital care and handling. I hereby authorize this hospital to receive, prescribe for, treat or perform surgery upon the pet(s) listed on the reverse side and additional pets I present. Furthermore, I agree to pay fees for services rendered at the time the pet is discharged from the hospital or the service is otherwise terminated. I agree to pay for the reasonable costs of collection in the event that collection efforts become necessary. I understand that a service fee of \$25.00 will be assessed for each non-sufficient fund check and/or certified letter that must be sent. I understand that veterinary service is provided during nighttime hours as necessary in the judgment of the veterinarian in charge. Continuous presence of qualified personnel may not be provided. If I neglect to pick up my animal within 5 days of the discharge date and do not notify you within that time period, you may assume that my animal is abandoned and are hereby authorized to dispose of my animal as you deem best and/or necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person presenting  
This pet for treatment if other than Owner \_\_\_\_\_

Address and Phone #  
of Non-Owner \_\_\_\_\_