

Blackhorse Animal Hospital

Dr. Fred Schneider

Name _____ Home Phone _____
Last First

Mailing Address _____
Street City Zip

Work Phone _____ Driver's License _____ Cellular Phone _____

Employer _____

Spouse/Co-Owner _____ Cellular Phone _____
Last First

Work Phone _____ Driver's License _____

Employer _____

Previous Veterinarian _____ Phone _____

Referred By _____
(Name of person, website, coupon, sign, etc.)

E-Mail Address _____

WE EXPECT PAYMENT IN FULL WHEN SERVICES ARE RENDERED.

I hereby authorize Blackhorse Animal Hospital to examine, treat, prescribe for, or perform surgery upon my pet(s). I also consent to the administration of anesthetics if necessary. Furthermore, I agree to pay fees for services that are rendered at the time my pet is discharged from the hospital, or when service is otherwise terminated. Blackhorse Animal Hospital will notify the owner of the date on which the pet is to be released from the hospital. It is then the owner's or an authorized agent of the owner, responsibility to pay all accrued charges on the pet upon release or within 10 days after verbal or written communication. After this time, if there is no contact, then the pet may be considered abandoned and disposed of humanely. I further understand that veterinary services are not provided after hours and I have the option of transferring my pet to an emergency facility overnight for 24 hour onsite care.

SIGNATURE OF OWNER/RESPONSIBLE AGENT

DATE

Thank you for giving Blackhorse Animal Hospital the opportunity to care for your pet!