

Aloha

ANIMAL HOSPITAL

717-633-PETS (7387) 🐾 1446 Baltimore Street, Hanover PA 17331

Thank you for giving us the opportunity to care for your pet! We'll be happy to answer any questions you have about your pet's health. To ensure the best care possible, please take the time to fill in this form completely. Please print and bring with you to your initial appointment. Thank you!

Date _____

Owner _____ Spouse/Partner _____

Street Address _____ City _____ State _____

Zip Code _____ Cell Phone _____ Home Phone _____

Preferred method of contact: 🐾 Cell Phone 🐾 Home Phone

Spouse/Partner or Other Phone _____ E-Mail _____

How did you learn of Aloha Animal Hospital?

🐾 Yellow Pages 🐾 Sign 🐾 Facebook 🐾 Referred by _____ 🐾 Other _____

Authorization

I hereby authorize the veterinarian to examine, prescribe for, or treat medically and/or surgically all of my pets. I assume complete financial responsibility for any and all charges incurred to my pets for such exam and treatment. I also understand and agree to that these charges are to be paid at the time the services are rendered by the veterinarian and that "billing" is not allowed. Customer agrees to be responsible for all costs of collection on unpaid balances including, but not limited to, 1 1/2% interest (18% annually), collection fees (up to 50%), court costs and reasonable attorney fees.

Preferred Method of Payment Cash Check MasterCard Visa Discover

Signature of Owner _____ Date _____



Thank you! Looking forward to meeting you and your pet!