

Welcome to Switzerland Animal Hospital. Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have. Please complete the following information so that we can insure the best care possible for your pet. Thank You!

REGISTRATION

Owner/Name on Account _____

Address: _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact Name _____ Phone _____

Email address _____

How did you hear of our hospital? _____

May we thank someone for referring you? _____

Do you have other pets? Dogs _____ Cats _____ Other _____

AUTHORIZATION – I hereby authorize the veterinarian to examine, prescribe for, or treat my pet. I assume responsibility for all charges incurred in the care of this animal. I also understand that these charges will be paid at the time of release and that a deposit may be required for treatment.

Signature of Owner or Representative _____

Date _____

Id verified by _____ Copy of license made _____

ADDITIONALLY the right of confidentiality belongs to you our client. **We cannot release** information about you or your pet (our patient) or the care of your pet unless you provide written authorization or you waive that right.

Please initial the appropriate statement..

Please release to other hospitals and boarding facilities the information necessary for the care of my pet _____

Please DO NOT release any information on my pet. _____