



Thank You for Selecting Animal Amour Pet Care Center.

We welcome the opportunity to provide for your pet's care and health. Please help us to become better acquainted with you and your pet by completing the following for each pet. **PLEASE PRINT:**

Owner's Name _____

Co-owner or Spouse's Name _____

Address _____ **Home Phone #** _____

City _____ **Zip Code** _____ **County** _____

E-mail address _____ **Cell Phone #** _____

Owner's Employment _____ **Work Phone #** _____

Co-owner's Employment _____ **Work Phone #** _____

PET NAME _____ **Birth date & Age** _____

DOG **CAT** **BREED** _____ **OTHER SPECIES** _____

COLOR & DESCRIPTION _____

FEMALE **MALE** **Spayed/Neutered:** **YES:** Date _____ **NO** **Cat Declawed:** **YES** **NO**

HOUSED: **Indoors** **Outdoors** **Indoors/Outdoors** **Kennel/Run** **Lives the Life of Leisure**

Please List Approximate Date of Last Vaccinations & Preventive Health Care Services:

NONE **Unknown/Stray Pet** **1st Visit to Vet** **More than One Year Ago** **Current Dates Below**

DOG: Rabies _____ Distemper/Parvo _____ Corona _____ Kennel Cough _____ Lymes _____
 Fecal Test _____ Heartworm Test _____ Heartworm Preventative Use **Yes:** Type _____ **No**

CAT: Rabies _____ Distemper/Resp.Complex _____ Fel. Leukemia _____ FIV _____ FIP _____
 Fecal Test _____ Feline Leukemia Test _____ Feline AIDS Test _____

List any past health problems of your pet that we may need to know about when caring for your pet:

Prior Veterinarian (past medical records): _____

I give my authorization for Animal Amour's doctors and staff members to treat my pet listed above.

A DEPOSIT ON SERVICES IS REQUIRED FOR ALL HOSPITALIZED PETS OR BOARDING PETS.
COMPLETE PAYMENT IS REQUIRED AT THE TIME OF SERVICES OR PRIOR TO RELEASE OF PET.

I understand that fees for services are due at the time of treatment onset or prior to release of the pet.
I plan to pay by: **Cash** **Debit card (Current Photo ID Required)** **Mastercard -Visa -Discover -AmerExp**

Owner Driver License # & State _____ **Expires** _____

Co-Owner Driver License # & State _____ **Expires** _____

Preferred Contact Methods: **Cell Phone** **Home Phone** **E-mail** **Postal Mail**

***** SIGNATURE** _____ **DATE** _____

