



Warm Hearts Pet Hospital
 1606 W. Warm Springs Rd.
 Henderson, NV 89014
 (702) 434-4838

Client's Information

Last Name: _____

First Name: _____

Additional Owner(s): _____

Address: _____

Zip code: _____

Phone Number: _____

Alternate Phone Number: _____

Employer: _____

Work Number: _____

Email Address: _____

How were you referred to us? *(If a friend, please list their name):* _____

Pet's Information

Pet's Name: _____

Species: CANINE FELINE AVIAN OTHER

Breed: _____

Gender: MALE FEMALE UNKNOWN

Color: _____

Age: _____

Is your pet... SPAYED NEUTERED UNALTERED UNKNOWN

Is your pet currently vaccinated? YES or NO

If yes, please provide dates and/or hospital name

Medical History: _____

____ (Initial) I authorize and release to Warm Hearts Pet Hospital any photos of my pet(s) that may be taken; including for medicinal and online purposes. I understand that my pet's photos may be used for educational purposes and/or the online pet gallery. I understand that my personal information WILL BE kept private from the public.

____ (Initial) I understand that **ALL FEES incurred are DUE at the time services are rendered**, unless a prior arrangement has been made between me and the attending veterinarian or management; that Warm Hearts Pet Hospital does NOT provide any payment plans. I also understand that a deposit may be required of me before services will be rendered. **I understand that Warm Hearts Pet Hospital does NOT accept checks or American Express as forms of payment.**

____ (Initial) I understand that if my account becomes delinquent, that I may be referred to the District Attorney's Office and I will assume responsibility for any additional fees incurred by Warm Hearts Pet Hospital in their actions towards me and my account.

____ (Initial) I understand that by signing this form, I am accepting **FULL** financial and medical responsibility for any patients under my account.

Signed: _____

Date: _____