



# Welcome To Hartman Animal Hospital



Your Name (Owner): \_\_\_\_\_

Spouse (Co-Owner): \_\_\_\_\_

Address: \_\_\_\_\_

City/ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Co-Owner Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Animal Information:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Color: \_\_\_\_\_

Birth Date/ Age: \_\_\_\_\_

Birth Date/Age: \_\_\_\_\_

Male: \_\_\_\_\_ Neutered? \_\_\_\_\_

Male: \_\_\_\_\_ Neutered? \_\_\_\_\_

Female: \_\_\_\_\_ Spayed? \_\_\_\_\_

Female: \_\_\_\_\_ Spayed? \_\_\_\_\_

Past Medical Problems: \_\_\_\_\_

Past Medical Problems: \_\_\_\_\_

Is your pet current on vaccinations? (Within the last year): \_\_\_\_\_

If yes, please give month, year and where vaccinated: \_\_\_\_\_

***For prevention of disease spread: If your pet has fleas or ticks upon arrival we will treat with a Nexgard at the owner's expense.***

***Financial Policy: All fees of service must be paid in full at the time of visit. We will accept cash, visa, master card, American express, Discover, or Care Credit.***

***WE NO LONGER ACCEPT CHECKS.***

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_