



Owner First & Last Name:	
Co Owner First & Last Name:	
Street Address:	
City:	
State:	
Zip Code:	
Primary Phone Number:	
Alternate Phone Number:	
Email Address:	
Emergency Contact Name:	
Emergency Contact Number:	

- How Did You Hear About Us? ☐ Internet ☐ Phone Directory ☐ Sign ☐ Referral

Who should we thank for your referral? _____

- Please indicate preferred method of payment : ☐ Check ☐ Credit/Debit ☐ CareCredit ☐ Cash

If paying by check, please list Driver License number: _____

*****ALL FEES ARE DUE AT TIME SERVICES ARE PROVIDED*****

PET 1	PET 2
Pets Name:	Pets Name:
Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat
Breed:	Breed:
Color:	Color:
Birthday/Age:	Birthday/Age:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Spayed <input type="checkbox"/> Neutered

Do you allow Hammond Veterinary Services to take photos of you and/or pet? ☐ YES ☐ NO
(Photos will be used for social media/website posts)

Owner Signature: _____ Date: _____