



Hinckley Animal Hospital
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or hah.clientservices@gmail.com
Like us on FaceBook

Welcome to Hinckley Animal Hospital. We appreciate the confidence you have shown us by giving us the opportunity to care for your new pet. To insure the best possible care, please complete this form and return it, along with any previous medical records you might have for your pet, to our front office staff.

CLIENT INFORMATION

Your Name: _____
Address: _____
City _____ Zip Code _____ Contact Numer _____
Email: _____
Employer: _____ Is it OK to call the work number? Y / N

Spouse or Secondary Contact Information

Name: _____
Contact Number _____
Employer: _____ Is it OK to call the work number? Y / N

PET INFORMATION

Pet's Name: _____ Dog ___ Cat ___
Sex: M ___ F ___ Neutered/Spayed Yes ___ No ___ If yes, at what age? _____
Date of birth or current age? _____ Breed _____
Color _____ Is your pet microchipped? Y / N
Date of last vaccinations: _____
Date of last Heartworm Test or Feline Leukemia/Immunodeficiency Virus Test: _____
If this is a cat, what percentage of time is spent outdoors? _____
Please list any current medications: _____

Brand of food: _____
Previous veterinarian: _____
How did you hear about our practice? _____

Authorization: I hereby authorize the veterinarian to examine, prescribe for and/ or treat the above described animal. I assume responsibility for all charges incurred in the care of the animal. I also understand that ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED.

Signature of client responsible for pet(s) _____

Date _____

We accept cash, checks, VISA, Mastercard, Discover and CareCredit.