



Hinckley Animal Hospital
1287 Ridge Road
Hinckley, OH 44233
(330) 278-4700
hah.clientservices@gmail.com
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Thank you for choosing 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

Name: _____

PET INFORMATION

Pet's Name: _____ Dog ___ Cat ___

If this is a cat, what percentage of time is spent outdoors? _____

Sex: M ___ F ___ Neutered/Spayed Yes ___ No ___ If yes, at what age? _____

Date of birth or current age? _____ Breed _____

Color _____ Date acquired _____ Is your pet microchipped? Y / N

Date of last vaccinations: _____

Date of last Heartworm test or Feline Leukemia/Immunodeficiency Virus Test (cats) _____

Brand of food: _____

Current medications: _____

Previous veterinarian: _____

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.