



Welcome to Archer Animal Hospital

Please take a few moments to fill out the following information.

Owner Name: _____ Other _____

Mailing address: _____ apt: _____

City/State: _____ Zip Code: _____

E-mail: _____

Home: (____) _____ Work: (____) _____ Cell: (____) _____

Employer: _____

How did you become aware of our hospital? Please circle all that apply:

Phone Book, Website, Google, Yahoo, Bing, Facebook, Veterinarians.com, Twitter, Yelp, Drive By, Friend, Other (please write in how you found us) _____

If someone referred you, whom may we thank with a \$25.00 credit? _____

Patient Information:

	Pet #1	Pet #2	Pet #3
Pet's Name			
Breed			
Color			
Sex:	F / M Spayed / Neutered	F / M Spayed / Neutered	F / M Spayed / Neutered
Date of Birth			
Date of Last Vaccines			

May we contact your previous veterinarian for a records transfer? Yes / No. If yes please provide their

Clinic Name: _____ City: _____

Clinic Phone Number: (____) _____

Do we have your permission to take pictures of your pet(s) so they can be featured on our facebook page or social media? Yes / No

Please read and sign the following:

Please provide your Drivers License for it to be copied upon returning this form

****All payments are due at the time services are rendered****

We are a flea and tick free facility! When your pet is dropped off, if it is discovered that your pet has internal or external parasites including fleas or ticks, they will be treated upon entry at your expense.

All animals entering the hospital must be up to date on their vaccinations.

We at Archer Animal Hospital are dedicated to serving our clients and their pets with the best possible care where "Pets Are Family Too". Thank you for your time.

Signature of Agreement _____ Date: _____

"Pets Are Family Too"