

**FORT HENRY**   
**ANIMAL HOSPITAL**   
423-239-6711 


*Quality Care With a Gentle Touch*


**WELCOME** to our clinic and thank you for putting your trust in us. To ensure the best possible care for your pet(s), please fill out this form in its entirety.


**OWNER INFORMATION**

Owner's Name \_\_\_\_\_ Spouse \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
How did you hear about us? Drive by \_\_\_ On-Line \_\_\_ Yellow Pages \_\_\_ Referral \_\_\_ Who \_\_\_\_\_

**PET INFORMATION**

 Pet's Name \_\_\_\_\_ DOB or Approx Age \_\_\_\_\_  
Canine \_\_\_\_\_ Feline \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Microchipped \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_

 Pet's Name \_\_\_\_\_ DOB or Approx Age \_\_\_\_\_  
Canine \_\_\_\_\_ Feline \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Microchipped \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_

 Pet's Name \_\_\_\_\_ DOB or Approx Age \_\_\_\_\_  
Canine \_\_\_\_\_ Feline \_\_\_\_\_ Female \_\_\_\_\_ Spayed \_\_\_\_\_ Male \_\_\_\_\_ Neutered \_\_\_\_\_ Microchipped \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_

**I do \_\_\_ do not \_\_\_ give my consent for staff to take pictures of my pets for our website/social media page.**

**Vaccination Information:** We accept printed documentation of vaccines administered by a licensed veterinarian. For your pets' safety as well as all other pets, we require vaccinations to be current in order for a pet to stay at our facility (hospital, boarding, grooming). Please ask our staff for a list of the required vaccinations.

*I, as owner or owner's representative, authorize treatment for the above listed pet. If any unforeseen medical needs arise and I am not available, I grant permission for any necessary care to be administered. I understand that I assume financial responsibility for all services rendered. This shall be assumed any time my pet is left in the care of Fort Henry Animal Hospital.*

Signature of Owner or Responsible Party \_\_\_\_\_ Date \_\_\_\_\_