



Miami Springs Animal Hospital

welcome

Welcome to MSAH. Thank you for giving us the opportunity to care for your pet. We will be happy to answer any questions you may have about your pet's health. Here at MSAH our mission is to provide your best friend with our very best loving, compassionate veterinary health and wellness care from before hello to beyond goodbye. To ensure the best care possible, please take the time to fill out this form.

NOTE: DO NOT OPEN FILES FOR MINORS.

NO ABRIR EXPEDIENTES A MENORES DE EDAD.

OWNER/DUEÑO _____
LAST NAME-(APELLIDO) FIRST NAME – (NOMBRE) MIDDLE NAME

ADDRESS/ DIRECCION _____
CITY/STATE ZIP CODE

PHONE _____ EMERGENCY PHONE _____

EMPLOYER _____ PHONE _____

SPOUSE or CO-Owner's NAME _____

EMPLOYER _____ PHONE _____

REFERRED BY _____ E-MAIL: _____

PLEASE CHECK HERE IF YOU GIVE US PERMISSION TO PUT YOUR PET'S PICTURE ON OUR FACEBOOK: YES _____ NO _____

PET No 1

PET No 2

NAME/NOMBRE _____

NAME/NOMBRE _____

BIRTH DATE _____

BIRTH DATE _____

CAT _____ DOG _____ SEX _____

CAT _____ DOG _____ SEX _____

BREED/RAZA _____

BREED/RAZA _____

COLOR _____

COLOR _____

NEUTERED?/ CASTRADO _____

NEUTERED? / CASTRADO _____

LAST DATE VACCINATION _____

LAST DATE VACCINATION _____

LAST DATE RABIES _____

LAST DATE RABIES _____

WHERE SHOTS WERE OBTAINED? _____

WHERE SHOTS WERE OBTAINED? _____

ALLERGIES _____

ALLERGIES _____

LONG TERM PROBLEMS _____

LONG TERM PROBLEMS _____

MEDICATIONS _____

MEDICATIONS _____

LIST NAMES AND TYPES OF ANY OTHER PETS YOU OWN _____

REASON FOR CALL: EXAM _____ DIARRHEA _____ COUGHING _____ SNEEZING _____ EATING PROBLEM _____

VOMITING _____ OTHER _____

I hereby authorize the veterinarian and his/her assistants to examine, prescribe for, or treat, the above described pet (s). I assume responsibility for all charges incurred, in the care of this animal. The nature of such services has been described to me, to my satisfaction, and while I expect all procedures to be done to the best abilities of the professional staff ; I realize that there is no guarantee or warranty that can be ethically or professionally made regarding the results of cure for the pet. I understand that I will not receive a refund on any type of medication and/or vitamins. I also understand that these charges will be paid at the time of release and that a deposit may be required for a surgical treatment. I understand that Miami Springs Animal Hospital staff may not be present overnight, only during office hours.

SIGNATURE OF OWNER or AGENT _____ DATE _____