File #:

Timberline Veterinary Hospital is a full service small animal hospital staffed and equipped to provide most of your pet care needs. We are dedicated to the health, happiness, and well being of your pet and treat every patient as we would our own animal. We will always take extra care to ensure that your pet is comfortable during its stay in our facility. Timberline Veterinary Hospital offers routine and emergency treatment and surgery, as well as preventive medicine, hospitalization, and boarding. Dr. John Hill, Dr. Melinda Hill and the qualified staff look forward to meeting and caring for your pet, and we appreciate your visit today.

Pet Owner's Name: _____ Spouse: _____
(last) (first)

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Work #: _____ Other #: _____

E-Mail Address _____

Driver's License #: _____ State: _____ Expiration: _____

If you were referred to us, please tell us whom to thank: _____

Pet Information: (if more than two pets, please use back of sheet)

Name: _____	Name: _____
Dog Cat Ferret Rabbit Other: _____	Dog Cat Ferret Rabbit Other: _____
Breed: _____ Date of Birth: _____	Breed: _____ Date of Birth: _____
Color/Markings: _____	Color/Markings: _____
Male or Female Neutered? **Y** or **N** Declawed? **Y** or **N**	Male or Female Neutered? **Y** or **N** Declawed? **Y** or **N**
Does your pet have a microchip? **Y** or **N**	Does your pet have a microchip? **Y** or **N**
Prior Health Concerns: _____	Prior Health Concerns: _____
_____	_____

Please read and sign the following authorization for treatment:

I hereby authorize the staff of Timberline Veterinary Hospital to render any treatment deemed necessary to the health of my pet(s) while in the custody of the hospital. I understand that in the event of any unusual or emergency circumstances the staff will make reasonable attempt to contact me or my designated representative before, if time permits, proceeding with treatment. I understand that I will be financially responsible for all emergency procedures including the estimate of charges provided to me in person or verbally over the telephone.

I understand that professional fees are to be paid at the time services are rendered, and a deposit may be required upon admission to the hospital.

Signature: _____ **Date:** _____

For your convenience, we accept cash, check, Visa, Master Card, Amex, and Discover.