

Welcome to Tara Animal Hospital

Please verify your information:

Patient Label
Here

Any corrections needed: _____

Email Address: _____

How did you hear about Tara Animal Hospital? _____

Please specify source: _____

So that we are able to keep your pet's medical history current; please give the front desk any records or contact information for previous clinic.

Previous Animal Clinic Name: _____

Clinic's Phone Number: _____

Do we have your permission to release you pet's medical records to another veterinarian/boarding/grooming facility upon their request? Yes No

By signing below I agree that the acceptance or declination of these statements applies to any and all animals I may entrust to Tara Animal Hospital, both now and in the future.

Accept Decline

 I give Tara Animal Hospital permission to use my pet(s) photographs.

 If in the event of an emergency and we are unable to get a hold of you, I give Tara Animal Hospital permission to do whatever they deem medically necessary for my pet(s).

Owner's Signature: _____ Date: ____/____/____

PAYMENT IS EXPECTED WHEN SERVICES ARE RENDERED.

Some procedures may require a deposit before being performed.

We accept: Cash, Check, MasterCard, Visa, Discover, American Express, Scratchpay, and CareCredit.