

Welcome To Loving Care!
We are so glad that you are here.
Please tell us about yourself and your pets.

Primary Owner Name _____

Secondary Owner Name _____

Address _____ City _____

State _____ Zip _____ **Email** _____

Primary Phone _____ Secondary Phone _____

If you are paying by **CHECK** please give your: DL & DOB _____ State _____

(Drivers License or Texas Id card required when paying by check)

We love animals here at Loving Care Pet Hospital and we always want to provide you with the best care for your pets. We know that you consider your pets to be a member of your family and we will provide high quality, compassionate medical care for them. We will gladly provide estimates for services if requested. **We do not bill and all fees are due when the services are rendered.** Deposits are required for all hospitalized patients. We accept Visa, MasterCard, CareCredit, and personal checks, with proper verification. There will be a \$25.00 service charge for returned checks.

In order to decrease the spread of disease, all animals staying at Loving Care Animal Hospital must be current on all vaccines and be free of external and internal parasites. We reserve the right to update vaccines and treat parasites as needed at the owner's expense.

Please tell us about your pets.

Name _____ Age _____ Color _____ Breed _____ Sex _____ Neutered/Spayed

Name _____ Age _____ Color _____ Breed _____ Sex _____ Neutered/Spayed

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I am assuming responsibility, financial and otherwise, for said animals, and authorize Loving Care Animal Hospital to receive, prescribe for and treat as indicated. I assume all risks. I agree to pick up said pets when specified by the attending veterinarian. In the event that said animal(s) are not picked up, they will be considered abandoned and written notice will be mailed to the owner's current address. After 12 days, they will be dealt with in whatever manner that Loving Care Animal Hospital considers appropriate. It is also understood that said abandonment does not relieve me from paying all costs incurred, including medical care, food, and housing.

Signature _____ Date _____