



JAMES ISLAND

• VETERINARY HOSPITAL •

Thank you for giving James Island Veterinary Hospital the opportunity to care for your pets. We're happy to answer any questions you may have regarding your pet's health. In order to ensure the best care possible, please take the time to fill out this registration form.

REGISTRATION

Owner (Last, First) _____
Mailing Address _____ City _____ State _____ Zip _____
Email address _____
Primary Phone number _____ Secondary _____
Emergency Contact Name _____ Phone number _____
How did you hear about JIVH? _____ (If referred by friends or family please let us know whom to thank)

PET HEALTH HISTORY

Pet Name _____

1. _____ Dog ☐ Cat ☐ Sex _____ Spayed ☐ Neutered ☐ Breed _____ Color _____ DOB _____
2. _____ Dog ☐ Cat ☐ Sex _____ Spayed ☐ Neutered ☐ Breed _____ Color _____ DOB _____

Previous Vet Name _____ Phone number _____

Current Medications _____

Your pet's current diet _____

ACKNOWLEDGEMENT OF PAYMENT UPON RECEIPT OF SERVICES

I hereby authorize James Island Veterinary Hospital's veterinarians and support staff to examine, prescribe for, and/or treat the above named pet(s). I assume financial responsibility for all charges incurred in the care of my pet(s). I also understand that payment in full is due when services are rendered.

Signature _____ Date _____

VETERINARY MEDICAL RECORDS RELEASE FORM

I, the undersigned, do hereby grant my permission to release any or all of the information contained in the medical records of those pets listed below to the following person and/or veterinary practice.

Pets name(s) for release of medical records

1. _____ 3. _____
2. _____ 4. _____

Release records to: _____

Owner Signature _____ Date: _____

JIVH PHOTO RELEASE

I, the undersigned, authorize James Island Veterinary Hospital to photograph my pet(s) and exhibit pictures in the clinic's reception area, on social media networks such as Facebook, and/or on www.jamesislandvet.com

Signature _____ Date _____