Old Derby
ANIMAL HOSPITAL
40 Recreation Park Drive
Hingham, MA 02043
781-749-2800

WELCOME & THANK YOU FOR GIVING US THE OPPORTUNITY TO CARE FOR YOUR PET. Please help us meet your needs better by taking a moment to share important information which we will need as we provide your pet's health care today and in the future. **PLEASE PRINT IN ALL SPACES.**

Owner's Name (incl. Spouse/Other) _____

Your Name & Phone # (*if you are not pet's owner*) _____

Owner's Address(incl. Street Address if using PO Box) _____ City _____ State ____ Zip _____

Home Phone _____ Cell _____ E-Mail Address: _____

Employer with Phone # _____ Emergency Contact Person(s) with Phone # _____

Please Compete For All Pets In Household (*Use Reverse For Additional Pets*)

	PET'S NAME	SPECIES/BREED	BIRTHDATE	SEX	SPAYED OR NEUTERED?	COLOR
1.						
2.						
3.						

Do you have insurance? ☐Yes ☐ No If Yes, Company/Policy#

Does your pet have a permanent Microchip ID? ☐Yes ☐ No If Yes, Microchip#

Previous veterinarian(s) where past records could be obtained, if necessary_____

Please specify any recent illnesses, problem(s) and medications with dosage (if known) in the space below:

How did you first hear of us?_____ Individual we can thank for referral?_____

I acknowledge that Old Derby Animal Hospital is not a 24 hour facility. _____ (Please initial)

I consent to Old Derby obtaining medical records for my pet(s) and also allow Old Derby to release my pet(s) medical records upon request or by necessity. _____ (Please initial)

PAYMENT POLICY: ALL PROFESSONAL FEES ARE DUE IN FULL AT THE TIME OF SERVICE.
We accept MasterCard, Visa, Discover, American Express, CareCredit, personal checks (with identification), and cash. A finance charge is assessed monthly on balances outstanding over 30 days and a billing charge is included on monthly statements. In the event of an emergency urgent care and/or the hospitalization of your pet(s), a deposit will be required.

PREFERRED METHOD OF PAYMENT: Cash/Check__ Visa/MC__ Discover__ AMEX__ Care Credit/Other_____

I have read and understood and consent to the hospital's policies outlined on this form, and to the best of my knowledge, all information provided is accurate.

Signature of responsible agent for pet(s) _____ **Date** _____
PLEASE SIGN HERE

For Office Use Only: FEntered By: