

All About Pets Animal Hospital

7826 Saint Andrews Church Road
 Louisville, KY 40214
 Telephone: 502-935-4799
 Fax: 502-935-9897



Welcome to All About Pets. Thank you for giving us the opportunity to care for your pet. We'll be happy to answer any questions you have about your pet's health. To insure the best care possible, please take the time to fill in this form completely. Thank you!

Owners Name _____ / Date of Birth _____

Spouse/Other _____ / Date of Birth _____

Address _____
Street City State Zip Code

Home Phone# _____ Work# _____ Cell# _____

Email _____ Would you like to receive our e-mail newsletter? _____

Where did you hear about us or who were you referred by? _____

SS#/SIN _____ Driver's License# _____ Employer _____

Reason For Visit _____

Please list any additional persons that may bring your pet in the event that you are unavailable. Understand that these persons will have the authority to make decisions for your pet both medically and financially. If someone other than the persons listed below brings your pet in, it may be necessary to pause treatment until a listed party is contacted for approval.

Name _____ Phone Number _____

Name _____ Phone Number _____

Your Pet(s):

Name _____ Name _____ Name _____

Date of Birth _____ Date of Birth _____ Date of Birth _____

Species: Dog ___ Cat ___ / Breed _____ Species: Dog ___ Cat ___ / Breed _____ Species: Dog ___ Cat ___ / Breed _____

Sex: Male _____ Neutered _____ Sex: Male _____ Neutered _____ Sex: Male _____ Neutered _____

Female _____ Spayed _____ Female _____ Spayed _____ Female _____ Spayed _____

Color _____ / Markings _____ Color _____ / Markings _____ Color _____ / Markings _____

PLEASE PROCEED TO THE BACK OF THIS PAGE

Please circle YES/NO for the following statements

I authorize the release of records listed under my name to any boarding facility, "doggy daycare," groomer, or other veterinary hospital that may request them, without my written consent. (This does not include any persons outside of a professional relationship that may request records, for example: pet is re-homed and new owner would like past records. Scenarios of this nature would still require written consent from a party listed on this form.) If I choose to decline I understand that none of my records will be released to any requesting party without a signed consent from myself or another party listed above. YES NO

I authorize All About Pets Animal Hospital to use my pets' image in advertising or social media platforms including but not limited to "Facebook," quarterly email newsletters, brochures, etc. YES NO

Cancellation Policy

We understand that life happens, and sometimes appointments need to be cancelled or rescheduled. We kindly request that a call is placed to notify our office if you will be unable to make your appointment. In the event of multiple "No Shows" you may be required to place a deposit on your account to secure future appointments. This deposit may be forfeited if the scheduled appointment is not kept without notifying our office. This policy also applies to boarding reservations.

I hereby authorize Dr. Jennifer Connelly to examine, prescribe for, and/or treat the above pet(s). I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release.

Signature of Owner/Agent _____ Date _____

*Note: We do not accept American Express. * We will no longer be accepting checks from Wood Forest Bank.

Thank you for choosing All About Pets Animal Hospital!