



# Hancock Animal Hospital, LLC

55 Hancock Street, Quincy MA 02171  
617-773-0008

## WELCOME

THANK YOU FOR GIVING us the opportunity to care for members of your family. We strive to make your experience here as good as possible for both you and your pet(s). If you have any questions, please do not hesitate to ask- we are always happy to help in any way we can.

**Please fill out this form as completely as possible to help us in treating your pet (we do not share this information without your permission).**

### REGISTRATION

Date & Time your pet has an appointment \_\_\_\_\_ Date: \_\_\_\_\_

Owner (s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ (MA) Zip \_\_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ @ \_\_\_\_\_ (may be used for reminders/promotions)

Emergency Contact Name and Number: \_\_\_\_\_

How did you find out about our clinic?  Yelp  Recommendation  Google  Other \_\_\_\_\_

Do we have permission to use your pet's picture/info on our social media sites (website/facebook) **Yes**  / **No**

### PET INFORMATION

#### **Pet # 1**

Pet Name: \_\_\_\_\_

Species: **Dog**  / **Cat**  Sex: **Male**  / **Female**

If Cat: Indoor  / Outdoor

Spayed/Neutered? **Yes**  / **No**

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Color: \_\_\_\_\_

#### **Vaccine History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Medical History/Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Pet # 2**

Pet Name: \_\_\_\_\_

Species: **Dog**  / **Cat**  Sex: **Male**  / **Female**

If Cat: Indoor  / Outdoor

Spayed/Neutered? **Yes**  / **No**

Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Color: \_\_\_\_\_

#### **Vaccine History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Medical History/Medications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any Additional Information that may be helpful in our treating your pet(s):**

\_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION

I hereby authorize the veterinarian and veterinary assistant(s) to examine, prescribe for, or treat the pet(s) described above. I understand that sedation/anesthesia may sometimes be needed and that there are inherent risks associated with sedation/anesthesia. I understand that vaccine reactions (vomiting, diarrhea, facial swelling, other) are rare, but can be serious. I assume responsibility for all charges incurred in the care of these pet(s). I also understand that all charges must be paid at the time services are rendered.

**Signature of Owner/Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

—

This form does not make an appointment automatically and you need to have an appointment prior to filling out this form. To make an appointment, please call 617-773-0008