



SITKA ANIMAL HOSPITAL
209 Jarvis Street-Sitka AK 99835

907-747-7387

ALL FEES ARE DUE AT TIME OF SERVICE OR AT THE TIME OF DISCHARGE.

We will provide you with a written estimate of fees for hospital treatment, emergency care, surgery or any other services on request.
PLEASE INITIAL STATING THAT YOU UNDERSTAND OUR POLICY. X _____

Your Name _____ Spouse/Co-owners _____
Last First MI

Address _____ Home Number () _____
Mailing Address

_____ Cell Number () _____
City State Zip

Work Number () _____

Street Address (If different from mailing) _____

Employer _____ Phone Number _____
Name/Business

How did you hear about us? Referral _____ Internet search Ad Phonebook Other

ANIMAL MEDICAL HISTORY (please complete all information for each pet)

	PET #1	PET #2	PET #3
NAME OF PET			
SPECIES (Cat, Dog, Etc..)			
BREED			
COLOR			
AGE			
DATE OF BIRTH			
SEX (Spayed or neutered)			

LAST DATE OF VACCINATION

DA2PP, CCV			
BORDETELLA			
RABIES			
FVRCP			
FELV			
OTHER			

Previous or current vet clinic _____

SIGNATURE OF OWNER OR PARTY ASSUMING FULL RESPONSIBILITY FOR PAYMENT AND TREATMENT OF PET:

DATE _____

(MUST BE OVER 18 YEARS OF AGE)