

**\*Intake Form\***  
**Benarda Veterinary Hospital**

**Owner Information**

Name: (Last) \_\_\_\_\_  
(First) \_\_\_\_\_ Mr./Mrs./Ms. (Spouse) \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, Zip code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about Benarda Veterinary Hospital? \_\_\_\_\_

Email Address \_\_\_\_\_  
\_\_\_\_\_

**Pet Information**

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

Sex (circle one): Neutered Male....Unaltered Male....Spayed Female....Unaltered Female

D.O.B: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Species (circle one): Canine....Feline....Other: \_\_\_\_\_

Mixed Breed (circle one): Yes....No

**Additional Pet**

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

Sex (circle one): Neutered Male....Unaltered Male....Spayed Female....Unaltered Female

D.O.B: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Species (circle one): Canine....Feline....Other: \_\_\_\_\_

Mixed Breed (circle one): Yes....No *Note: Please use the back if additional space is needed for other pets.*

As legal owner or responsible agent of the above animal, I authorize therapeutic and/or surgical procedures as deemed necessary by the attending veterinarian. **I agree to make payment in full upon release of the animal.** Any estimates presented at any time are only an approximate of the final bill and may be greater or less than the estimate.

**All unpaid balances will be charged a Statement Handling Fee of \$10.00 each month as well as interest at an Annual Percentage Rate of 14%. Our hospital fee for missed appointments is \$25.00 if cancellations are not made a minimum of two hours prior to your scheduled appointment time. \_\_\_\_\_ initial here. (Required)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_