



Howard County Animal Hospital

Please Fill Out Form Completely and email to HCAHrecords@gmail.com

Owner Information

Primary Owner Last Name: _____ First Name: _____

Secondary Adult Last Name: _____ First Name: _____

Relationship to Owner? Spouse Partner Other _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate/Work Phone: _____

E-mail address: _____

What is the best method of contacting you regarding reminders about your pet's needs?

Mail E-mail

Secondary Adult Address and Phone Number (if different than Primary Owner)

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Authorization for Emergency Care

Should a medical emergency arise while my pet is in the care of Howard County Animal Hospital, I authorize the medical staff to administer a tranquilizer or perform such emergency procedures as may be deemed necessary to stabilize my pet. I agree to pay, in full, for all necessary services rendered for and to my pet. I understand that emergency services which are beyond the scope of this practice may require a referral and/or transfer to the closest available full service emergency vet center.

I have read these conditions for the care of my pet. I hereby authorize Howard County Animal Hospital to determine execute any/all necessary care to ensure the best outcome for my pet. I understand that, due to the nature of medical emergencies, the best course(s) of action may not provide a guaranteed outcome.

Primary Owner: _____

Date: _____

Please List any other Authorized Adults over the age of 18 years that are allowed to make medical and financial decisions on your behalf for this pet:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

May we post digital pictures of you and your pets on our social media sites?

Yes No Pets Only

Please note that we require all services to be paid in full at time of discharge.

We will gladly prepare an **estimate for services**. Please ask the Doctor or a Staff Member.

Payment methods accepted at Howard County Animal Hospital:

-Personal Check- -Discover/Visa/MasterCard/American Express- -Care Credit- -Cash-