



Welcome to

# MILNER Veterinary Hospital

Where pets are family.

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.

**Contact Information:**

Name: \_\_\_\_\_ Spouse/Co-Owner \_\_\_\_\_  
Last, First

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**Pet Information:**

Name	Species	Breed	Colors	DOB	Sex	Spayed/Neutered?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Payment:**

**\*\*PAYMENT IS EXPECTED AT THE TIME SERVICES ARE RENDERED\*\***

We accept cash, checks, Visa, and MasterCard.

We will gladly prepare a written estimate of service fees if you desire. Failure to pay bills on time may result in billing finance charges and/or any collection fee(s) incurred. There will be a service charge for any check returned unpaid.

**Authorization:**

I, the undersigned owner or authorized agent of the above admitted patients, hereby authorize the veterinarians of Milner Veterinary Hospital to perform procedures therapeutically and/or diagnostically. I also assume responsibility for all charges incurred in the care of my animals. I also understand that these charges will be paid at time of release and that a deposit may be required for medical and/or surgical treatment. I understand that any unpaid balance over 30 days is subject to a monthly 1.5% finance charge.

Signature of person responsible for pet(s): \_\_\_\_\_ Date: \_\_\_\_\_

To better serve our patients, we request that all appointments be scheduled. Emergencies, or course, will be given priority over all other cases.