

7025 Longley Lane #40  
Reno, NV 89511  
(775) 852-4300



2001 Prater Way  
Sparks, NV 89431  
(775) 358-4300

LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ ALT. NUMBER \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

SPOUSE'S EMPLOYER \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

OTHER PERSON(S) AUTHORIZED TO HAVE ACCESS TO THIS ACCOUNT OR PET(S), PLEASE LIST:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

REFERRED BY \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

❖ ❖ **PET INFORMATION** ❖ ❖

PET'S NAME \_\_\_\_\_ CANINE \_\_\_\_\_ FELINE \_\_\_\_\_ OTHER \_\_\_\_\_

BREED \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ ALTERED (YES OR NO) \_\_\_\_\_

COLOR \_\_\_\_\_ DATE OF LAST VACCINATIONS \_\_\_\_\_

PREVIOUS VETERINARIAN \_\_\_\_\_ PHONE \_\_\_\_\_

**HomeAgain® Microchipping** is an advanced pet identification and retrieval system. This permanent microchip, with a unique identification code, is implanted under the skin between the shoulders of the pet. The microchip is about the size of a grain of rice and you cannot see the microchip after it is implanted in your pet. HomeAgain maintains a national database and

❖ ❖ **PAYMENT POLICY** ❖ ❖

ALL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED, NO CREDIT WILL BE EXTENDED. DEPOSITS ARE REQUIRED FOR MEDICAL SERVICES AND / OR CRITICAL CARE PROVIDED BY A PLUS ANIMAL HOSPITAL. IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THIS FORM OR OUR POLICIES, A STAFF MEMEBER WILL BE HAPPY TO ADDRESS THEM PRIOR TO SERVICES BEING RENDERED.

❖ ❖ **RELEASE CONSENT** ❖ ❖

I, as the owner or agent of the animal(s) described above, am over 18 years old and have authority to exercise rights over said pet(s). I hereby consent and authorize A Plus Animal Hospital to receive, prescribe for, treat or perform necessary surgery upon my animal(s). A Plus Animal Hospital is to use all reasonable precautions for the treatment and safe keeping of the animal(s). I assume all responsibility of home after care and medications for my animal(s) upon scheduled release. I understand that if the animal(s) is not picked up within three days from the scheduled release, the animal(s) will be considered abandoned and may be disposed of or euthanized, as the hospital deems best. I understand that this does not release me from paying all costs incurred for professional services rendered and the hospital expenses of said animal(s). After carefully reading and understanding the above statements, I willingly sign this agreement.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_