

Pyramid Veterinary Hospital
2405 Pyramid Way
Sparks, NV 89431



pyramidvet@yahoo.com
www.PVHcares.com
775.356.8323

Thank you for giving us the opportunity to care for your pet(s). Please complete the following for our records. If you have any questions feel free to ask the receptionist.

Pet Owner's Information (Please print clearly):

First Name: _____ Last Name: _____ Spouse Name: _____
Mailing Address: _____ Apt: _____ City: _____ St: _____ Zip: _____
Home Address: _____ Apt: _____ City: _____ St: _____ Zip: _____
Employer: _____ Spouse's Employer: _____
Are you over 18 years of age? Yes No Who can we thank for referring you? _____

Contact Information:

Primary Contact: _____ Primary Phone: () _____ Home Work Cell
Alternate Phone: () _____ Home Work Cell
Secondary Contact: _____ Primary Phone: () _____ Home Work Cell
Alternate Phone: () _____ Home Work Cell
Email Address: _____ Would you like emailed reminders? Yes No
Would you like text messaging? Yes No

Other persons over 18 authorized to make decisions on this account:

Name: _____ Relationship: _____ Phone: () _____

Patient Information: Animal to be seen

Name: _____
Species: Canine Feline Rodent Reptile
Breed: _____
Color/Description: _____
Sex: Male / Neutered Female / Spayed
Date of birth / Approximate age: _____

Patient History

Previous Veterinary Hospital: _____
Date of previous vaccinations: _____
Current medications: _____
Special diet: _____
Medical Conditions: _____
Allergies to medication or vaccines: _____

I authorize Pyramid Veterinary Hospital to examine and to treat my pet. I understand that Pyramid Veterinary Hospital does not bill and that all fees are to be paid in full at time of service. Any unpaid balance will be immediately turned over to a collection agency and a \$30 Administration Fee will be added to my bill.

Signature of responsible party: _____ **Date:** _____