



Minnetonka Animal Hospital

3318 Groveland School Road Minnetonka, MN 55391
(952) 473-1239

Please take a moment to provide us with your information so we can better support your pet's needs today and in the future.

OWNERS _____
First Last First Last

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME # (____) _____ CELL # (____) _____ CO-OWNER CELL # (____) _____

PRIMARY E-MAIL ADDRESS _____ @ _____

*we would like to contact you via email with test results and reminders for well pet exams and vaccinations

*we will not sell your email address or contact information to anyone

EMPLOYER & WORK PHONE _____

CO-OWNER EMPLOYER & WORK PHONE _____

Other Contact Name and Number _____

Referred by friend, relative or organization (**Name**): _____

Please list all pets living in the home: (please write additional pets on back)

Cat	Dog	Other	Pet's Name	DOB	Sex: Male/Neutered Female/Spayed	Breed/Color

MAH is authorized to release patient vaccine information to boarding & grooming facilities YES NO

MAH is authorized to release patient medical information to emergency/specialty clinics YES NO

Previous Veterinary Clinic Name _____ Phone # _____

May we contact them to get vaccination and medical history for our records, so we can better treat your pet?

_____ Yes (initial)

_____ No (initial)

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

In cases of extensive medical or surgical procedures, when full payment may be difficult at discharge, we take Master Card, Visa, Discover, or Care Credit, an interest-free payment plan.

There will be a \$30.00 service charge for any returned checks.

Signature of Responsible Agent for Pet(s) _____ Date _____