



1215 Central Avenue • Summerville, SC 29483
(843) 851-2112

Dr. Chad Reynolds

Dr. Arden Cordoza

Dr. Karen Miller

Thank you for allowing us to care for your pet(s). Please help us meet your needs by taking a moment to complete this form. Thank you!

Date: _____

Your Name: _____ Spouse/Partner: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Driver's License #: _____ Email: _____

PET INFORMATION

Pet #1 Name: _____ Age or D.O.B.: _____

Species: _____ Breed: _____ Color: _____

Male Neutered Female Spayed

Date of last vaccinations: _____ Medical Problems: _____

Pet #2 Name: _____ Age or D.O.B.: _____

Species: _____ Breed: _____ Color: _____

Male Neutered Female Spayed

Date of last vaccinations: _____ Medical Problems: _____

I understand and agree to the following:

ALL dogs and cats must have a current rabies vaccination per SC State laws.

Any pet not picked up within 5 days of discharge will be considered abandoned and his/her welfare will be at the discretion of Central Veterinary Hospital.

Payment is expected for services rendered at time of discharge unless prior arrangements have been made. For your convenience we accept cash, checks, VISA, MC and Care Credit.

How did you hear of us? _____

Signature: _____ Date: _____