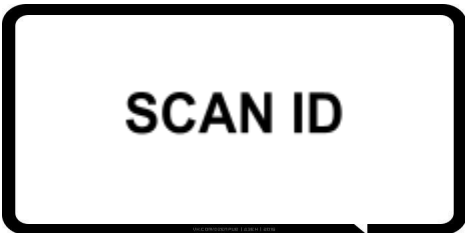




1060 E. Flamingo Road
Las Vegas, NV 89119
702-734-1711



Owner Information

Last Name: _____

First Name: _____

Additional Owners: _____

Address: _____ Unit # _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Alternate Phone Number: _____

Email Address: _____

How did you hear about us? Circle all that apply:

Google Yelp NextDoor Facebook

Building/Street Sign Animal Shelter Pet Store

Pet Assure United PetCare Employee

Friend/Current Client: _____

Animal Hospital: _____

Other: _____

Pet Information

Name: _____

Dog/Cat: _____ Breed: _____

Color: _____ Age: _____

Male Female Not Sure

Neutered Spayed Not Sure

Previous Animal Hospital: _____



Name: _____

Dog/Cat: _____ Breed: _____

Color: _____ Age: _____

Male Female Not Sure

Neutered Spayed Not Sure

Previous Animal Hospital: _____

Please read and sign below:

- _____ I understand that all fees incurred are due at the time services are rendered.
- _____ I understand that Paradise Pet Hospital does NOT offer payment arrangements
- _____ I understand that a deposit may be required of me before services are rendered
- _____ I consent to Paradise Pet Hospital staff taking pictures of my pet for educational and/or marketing purposes and consent to the use of those pictures on their website and social media
- _____ I consent to my pet being scanned for a microchip
- _____ I confirm that I am of legal age to sign legal documents (18 years of age or older) and consent to my photo ID being kept on file
- _____ I understand that by signing this form, I am accepting FULL medical and financial responsibility for any and all pets listed under my account

Client Signature: _____

Date: _____