



**Rocky Hill Animal Hospital**  
**7656 Northshore Drive**  
**Knoxville, Tennessee 37919**  
**(865) 691-8826**



Owner's Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Last First M

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Preferred phone: \_\_\_\_\_

Additional phone: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Where did you hear about Rocky Hill Animal Hospital? (circle one)

Friend Sign Internet Search Facebook Hilltop Dog Hotel Radio Ad Other

**Payment is required at the time services are rendered**

***Pet Information (all pets within household)***



<u>Dog</u>	<u>Cat</u>	<u>Name</u>	<u>Breed</u>	<u>Color</u>	<u>D/O/B</u>	<u>Sex</u>	<u>Fixed?</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Date of Last Vaccinations:** \_\_\_\_\_ **WHERE?:** \_\_\_\_\_

(We must have a copy of the previous vaccination history from a licensed Veterinarian)  
Each client is responsible for providing vaccination records either by fax or bringing a hard copy to RHAH upon pet drop off for boarding, grooming, etc.

**If records are not received vaccines will be given.**

**BORDETELLA VACCINE IS REQUIRED AT RHAH EVERY 6 MONTHS.**

**Currently on Medication: Yes \_\_\_ No \_\_\_ Specify: \_\_\_\_\_**

The undersigned affirms the information provided above is correct and agrees to all conditions as stated in the above paragraph.

**Signature of Owner or Agent: \_\_\_\_\_ Date: \_\_\_\_\_**