



HOWARD COUNTY Animal Hospital

Please Fill Out Form Completely and email along with any records to HCAHrecords@gmail.com

Owner Information

Primary Owner Last Name: _____ First Name: _____

Secondary Adult Last Name: _____ First Name: _____

Relationship to Owner? Spouse Partner Other _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Alternate Phone: _____

E-mail address: _____

Secondary Adult Address and Phone Number (if different than Primary Owner)

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

May we post digital pictures of you and your pets on our social media?

Yes No Pets Only

Please list any other Authorized Adults over the age of 18 years that are allowed to make medical and financial decisions on your behalf for this pet:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please note that we require all services to be paid in full at time of discharge.

We will gladly prepare an **estimate for services**. Please ask the Doctor or a Staff Member.

Payment methods accepted at Howard County Animal Hospital:

-Personal Check-

-Discover/Visa/MasterCard/American Express-

-Care Credit-

-Cash-