



WELCOME TO OUR PRACTICE

CLIENT INFORMATION

Name _____ Spouse/Partner Name _____
 Address _____ Apt# _____ City _____ State _____ Zip _____
 Phone _____ Work Phone _____ Cell Phone _____
 Spouse's Phone _____ Work Phone _____ Cell Phone _____
 Email _____ Spouses Email _____

Do you have Pet Insurance? If yes, _____

Preferred Method of Contact PHONE EMAIL (circle one)

HOUSEHOLD PET INFORMATION

Dog	Cat	Pet's Name	DOB	Color	Breed	Male or Female	Spayed or Neutered	Date last vaccinated

Name of previous Veterinarian or Animal Hospital: _____ Phone # _____

How did you become aware of our clinic?

Driving by Yellow Pages Previous Client Website
 Pet Pals Magazine Articles / TV News Internet Search
 Personal Recommendation (Whom may we thank?) _____

Name of previous Veterinarian or Animal Hospital: _____ Phone # _____

We will gladly prepare a written estimate if you desire (please ask the doctor).

ALL PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED

We accept Mastercard, Visa, Amex, Discover, and Debit Cards.

We offer a third party payment arrangement through CareCredit (you must be approved for this by CareCredit).

We are sorry, but we **DO NOT ACCEPT CHECKS.**

Signature of Responsible Agent for the Pets : _____ Date : _____