

# Pet Samaritan Clinic

**Thank you for giving Pet Samaritan Clinic the opportunity to care for your pet.**

So that we may become better acquainted, please complete the following:

Mr. \_\_\_\_\_  
 Mrs. Owner (s): \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_  
 Ms. Last First Mi. Last First Mi.

Address : \_\_\_\_\_ Zip: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Spouse/partner phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Spouse/partner employer: \_\_\_\_\_

How did you hear about Pet Samaritan Clinic? Web  Sign  Yellow Pages  Yelp  Google

Personal Recommendation  Whom may we thank? \_\_\_\_\_

**Pet Pals Program - If you refer a new client to Pet Samaritan, both you and your referral will receive a \$25 credit on your accounts!**

Pet Information:	Pet 1	Pet 2	Pet 3
Patient Name:			
Species (dog, cat, bird, rat, etc.):			
Breed:			
Color/description:			
Sex: Age:			
Spayed(female)/Neutered(male):			
Vaccines up to date?			

Who is your previous veterinarian? \_\_\_\_\_

Is your pet currently on a special diet and/or medication? \_\_\_\_\_

Please list any known drug allergies: \_\_\_\_\_

Please list any prior illness or surgery: \_\_\_\_\_

Do you prefer to be present while your pet is being examined or treated? \_\_\_\_\_

**Payment is due when the service is performed, or when you pick up your pet from the clinic.**

*We accept cash, personal checks, Visa, MasterCard, Discover, American Express, and CareCredit.*

**Client's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Again, thank you for giving us the opportunity to serve you and your pet!*

Please visit our website - [www.petsam.com](http://www.petsam.com)